

A STUDY OF THE PERCEPTIONS FIFTY-SEVEN SENIOR STUDENT  
NURSES HOLD OF THE INTERRELATIONSHIPS IMPORTANT  
TO COMMITMENT TO NURSING IN AN  
EXISTENTIALIST PHILOSOPHY

by

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A THESIS

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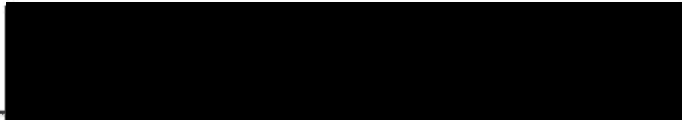
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CHAPTER I  
INTRODUCTION

The General Problem

Professionalization of nursing.-- The attempts of nursing educators to achieve professional quality in nursing education can be traced to 1901.<sup>(7)</sup> However, as Russell states, "some doubt remains as to whether nursing sustains all those qualities the public associates with a profession."<sup>(20)</sup> The question, "Is nursing a profession?" has recurred throughout nursing literature with increasing frequency, until today, it has become one which is widely debated not only by nursing leaders but by members of virtually all other recognized professional groups.

In addition to the abundance of publicized articles and discussions which have been largely concerned with attempts at analysis and definition of the concept of a profession, and comparisons with nursing, there have recently appeared reports of research studies and projects which endeavor to define the professional role of the nurse and explore the social and educational implications. However, Coladarci suggests that this preoccupation with the concept of profession as an honorific symbol among nursing leaders should be replaced by indentifying normative dimensions of action through the logical analysis of the knowledge required by nursing functions and the necessary educational implications. This approach could well provide the direction for research designed, as Coladarci suggests, "to explore the educational import of the

hypothetical character of nursing practice."<sup>(4)</sup>

Approaching the question of the professionalization of nurses from the viewpoint of the individual nurse, there is evidence that there is confusion and uncertainty in relation to the goals and ideals held by the members of this occupational group.<sup>(9)</sup> Studies have identified two distinct types of nurses, divided in their professional orientation.<sup>(6,8)</sup> Habenstein and Christ have labeled these the "professionalizer" and the "traditionalizer."<sup>(8)</sup> Vaillot has characterized these two groups as occupying extreme ends of what may be viewed as a professional continuum.<sup>(25)</sup>

In addition to the conflict between the two groups, intrapersonal conflicts have been identified in many nurses. There are nurses who pay lip service to old, traditional values while they are, in fact, functioning as professionalizers. This has been verified by the repeated studies which demonstrate that nurses' expressed ideals or value statements do not agree with their actual performance.<sup>(1,2,22)</sup> There are also many nurses who are confused, who recognize good in both orientations, and who, as Meyers finds, fluctuate between the two major traditions.<sup>(13)</sup> As Vaillot states, they attempt to find a compromise as a solution, an attempt to modernize traditional values.<sup>(25)</sup>

Utilizer-committed.-- Vaillot suggests that this attempt to compromise between the two major professional orientations is really a refusal to choose between two positions which are both good in themselves and necessary.<sup>(25)</sup> Vaillot then proposes a second continuum, the utilizer-committed, and to what Reissman and Rohrer call the nursing dilemma, suggests a new approach.<sup>(25,18)</sup> According to Vaillot,

the differences in orientation between the traditionalizer and the professionalizer should be faced squarely and nurses should realize that within these orientations individuals can be committed or can be utilizers. (25)

Accordingly, Vailliot states, commitment to nursing should be a goal for nursing education and she proposes a philosophy of commitment as a foundation for the study of commitment to nursing. This philosophy is based, or grounded in the principles of existentialism. (25)

#### The Specific Problem

Commitment.-- Commitment is defined as the passage through active effort of the individual from the existence given him to the being he is fully to achieve. As Marcel states being is for every man the full development of his potentialities.

Situation in the world.-- Every individual's existence is a particular situation in the world. According to May, "the crucial question always is that I happen to exist at this given moment in time and space and my problem is how I am to be aware of that fact and what I shall do about it." (12) Thus, the student nurse's situation in the world becomes important for it is through the active acceptance of this existence and free engagement in it that she can achieve being, can become committed to nursing. (25)

A study of student nurses' professional world.-- On the premise that the individual must achieve being within the situation or existence given him and that for the student nurse this is existence-in-a-professional-world, Vailliot conducted a study to describe this world. (25)

By an analogy to May's definition of world: "the structure of meaningful relationships in which a person exists and in the design of which he participates," the student's professional world was defined as "constituted by the web of interrelationships which tie her to her co-workers; and by her perceptions of their relationships with her and with one another." In this world, the student stands in what she perceives to be a pattern of professional identifications and distances. (12,25)

The question of the professional versus the traditional orientation to nursing, one which is believed clearly to divide nurses, was selected by Vaillot. Two scales were then designed to reveal the students' professional orientation and attitudes towards the professionalization of nursing by eliciting their own ideals and their perceptions of the ideals of other members of their professional world. (25)

An interpretation of the findings, viewed within the context of the definition of nursing adopted by Vaillot, which encompasses, in addition to the aggregate of tasks, the social, psychological, and cultural setting within which the nurse is viewed by the public, would seem to indicate that the students had arrived at different definitions of nursing. Further, although each group's definition of nursing was reflected in their professional orientation and perceptions of their co-workers' professionalization, they did not encompass differences in nursing functions and did not define and specify the nursing tasks which should be the responsibility of each group. (25)

Need for further study.-- The findings of Vaillot's study emphasize the necessity and importance of defining nursing in terms of nursing functions, or as Coladarci suggested, identifying normative dimensions of actions and logically deducing the educational implication.<sup>(4)</sup> Then, when viewed in the context of current social needs, unique and valid objectives can be formulated for the multiple types of nursing schools. However, recognizing the need for a definition of nursing functions which would serve as a basis for formulating and implementing curricular objectives, it can also be recognized that this is a task of the future, requiring the efforts of numerous experts and the results of considerable research. In recognition that the education of students must be a continuous process and cannot be postponed to await the solution of long term problems, it seems warranted to conduct further investigation into the world of the students as it exists for them presently. An investigation of the perceptions senior students have of the existing nursing universe will reveal the existence in which they as graduates must achieve being.

#### Purpose of the Study

Types of nursing schools.-- There are four types of nursing schools, two of which are affiliated with a college. Students enrolled in a senior college and complete a four year program are candidates for the baccalaureate degree. Students enrolled in a junior college, or two year program are candidates for an associate degree. In the remainder of this report students referred to as college students are the baccalaureate degree candidates and those referred to as associate

degree, the junior college students. Students referred to as diploma students are enrolled in a three year program conducted by a hospital which grants a diploma in nursing. All three of the above students are eligible for licensure as registered nurses. Practical nursing schools are vocational programs which enable their graduates to take examinations for licensure as practical nurses following completion of a twelve month program. Strictly speaking, this program can not be divided into the time spans of the other programs; however to assure comparability of terminology, seniors in the practical nurse program have been designated as those approaching graduation.

Importance of students' perceptions of nursing world.--- On the basis of the findings of her study, Vaillot recommended that a study be done which would investigate the beliefs held by each type of student concerning the others' ideals; of their insight into each others' ideal concerning the professionalization of nursing.<sup>(25)</sup> Many of the seniors in the four types of nursing schools will soon enter into the world of nursing as practitioners of nursing. This world will then become for them the existence in which they must achieve being. If they are to become committed to nursing and achieve authentic existence it must be through an active acceptance and free engagement in their existence-in-a-professional world.

When the student enters the nursing world as a new graduate she will stand in that she perceives to be a pattern of identifications and distances with the other members of the nursing universe. The nursing universe may be conceived of as the whole, combined force of nursing practitioners, composed of several distinct units, or types of nurses,



unique in their educational preparation but united in their common goal, nursing, or patient care.

The varying degrees of educational preparation basic to the types of nurses composing the universe would suggest unique objectives, varying in complexity. However, Vailliot's findings do not substantiate this expectation in the students' ideals. (25)

Several questions may then be asked. How do students perceive the nursing universe which will soon become the existence in which they must achieve their being? How do they perceive the relationships which constitute this universe? What role do they expect to assume? What role do they believe the others expect them to assume? In what role do they perceive their co-workers to be? And, if these roles do not differ in their functions, how do they differ, if at all? What is the pattern of identifications and distances seniors of baccalaureate degree, associate degree, diploma, and practical nursing programs perceive they stand among in the nursing universe as they are on the verge of entering the world of nursing as graduates?

Purpose.--- It was the purpose of this study to explore that part of the world of nursing which is constituted by the web of inter-relationships which bind together the members of the nursing universe, the types of nurses, as they were seen through the eyes of seniors in schools of each type. The study sought to explore the perceptions the types of students have of each others' relationship with them and with each other by describing the pattern of professional identifications and distances in which each group perceives they stand.

### Statement of the Problem

The structure of relationships constituting the nursing universe is an important part of the world of nursing. This world will become the student nurse's existence-in-a-professional-world when she enters it as a graduate. As it is in this existence she must achieve being or commitment to nursing, an understanding of it will facilitate an understanding of commitment. It is proposed that this web of inter-relationships which will compose the students' world as graduates can be studied by investigating the pattern of identifications and distances in which the types of students perceive they stand.

Thus, the problem may be stated as a question: what is the pattern of professional identifications and distances between the types of nurses composing the nursing universe as seen through the eyes of senior students of each type of school?

Assuming that a pattern of identifications and distances can be studied by identifying the students' ideals and perceptions of each other's ideals on an important controversial question, specifically, the professional status of nursing, this study sought to find answers to the following questions:

1. What is the ideal of each group of senior students in baccalaureate degree, associate degree, diploma, and practical nursing schools of nursing as to the professional status of nursing?
2. What is the ideal of the professional status of nursing that each group attributes to each other group?

3. What is the pattern of agreement and differences between each group's own ideal, their perception of the others' ideals and the ideals each other group attributes to them?

Assuming that professional orientation will be reflected in the assignment of functions or tasks of the profession, it is proposed that further understanding can be gained of the pattern of identifications and distances between the individual types of nurses composing the nursing universe through identifying their ideals concerning the assignment of nursing functions and their perceptions of each others' ideals.

Thus, this study sought answers to these questions:

1. What is each group's ideal as to the assignment of nursing functions, administrative, technical and touch?
2. What level, or type of nurse does each group attribute to each other group as being preferred to perform these tasks?
3. What is the pattern of agreement and difference as to a group's ideal choice, their perceptions of each others' ideal choice and the ideal choices attributed to that group by the others?

#### Assumptions

The following assumptions are made as the underlying bases of justification for this study. The assumptions have been derived from principles of existential philosophy and it is within these applications to nursing that the importance of the study lies.

1. If commitment to nursing, or the passage from existence to being must be effected by the active acceptance of and a free engagement in the existence given a person, then commitment to

nursing must be achieved within the professional existence given the nurse, for, for her, to be is necessarily to-be-in-a-professional-world.

2. If "world is the structure of meaningful relationships in which a person exists, and in the design of which he participates," then the relationships existing among nursing co-workers, or members of the nursing universe is an important part of the professional world of nursing. (12)
3. Each nurse stands in this professional world, or structure of relationships, in what she perceives to be a pattern of identifications and distances.
4. This pattern of identifications and distances can be studied by eliciting the ideals and perceptions of each others' ideals of the various types of nurses on an important aspect known to divide nurses, their professional orientation.
5. The professional orientation of the types of nurses will be reflected in the assignment of the functions or tasks performed by members of the profession.
6. The Mitwelt, or that part of a person's world made up of man's relationships with other men, which is the basis of this study, is at the same time what others do to me and what I bring to others. Thus, the pattern of identifications and distances in which senior students of nursing perceive they stand will be an important part of their Mitwelt as they enter the professional world of nursing.

## Limitations

1. While this study is based on a philosophy of commitment, it is severely limited in that it is not, as such, a study of commitment. Rather, it is an attempt to describe one aspect of the existence in which nurses must achieve commitment. It is proposed that only through an understanding of this existence can the understanding of the nature of commitment be approached, the favorable and unfavorable factors be identified and a favorable existence restructured.
2. This study was limited to exploring only that part of the professional world of nursing constituted by the perceptions of the interrelationships or the pattern of identifications and distances in which the types of nurses composing the nursing universe perceive they stand. Thus, it does not attempt to study their relationships with other members of their professional world such as physicians, patients, or hospital administrators.
3. This study was limited to the study of professional identifications and distances between the types of nurses as perceived by students of baccalaureate degree, associate degree, diploma, and practical nurse schools who graduated within two to six weeks of the time of administering the data collecting tool. Thus, it did not attempt to study this world as it exists for the graduate practitioner.
4. This study was limited in that it attempted to describe the pattern of identifications and distances perceived by senior students on one dimension only, the professional status of nursing.
5. This study was limited to one school of each type.

### Justification and Importance of the Study

Justification.-- Although the professional worlds of the student and the graduate nurse may have identical definitions, it is self evident that they are not identical in nature as the relationships which constitute them differ. The student's professional world is largely constituted by her relationships with her teachers, other students, and members of the hospital environment and it is always modified or conditioned by her status as a student. In the professional world of the new graduate, she and her occupational co-workers, with whom she will exist may be viewed as members of a nursing universe. Thus, the "web of interrelationships" which constitute this universe, which bind it together, become an important part of her existence, an important part of her Mitwelt, the occupational world shared with others.

It is true that senior students have not entered this professional world, that this is not yet their situation-in-the-world. It may be argued that an investigation of this world cannot be validly conducted through the study of students. Thus, this study will not attempt to describe this professional existence as it is the situation-in-the-world for nursing practitioners, but rather, the apprehension of this world, or the perceptions of it that senior students who will soon enter it may have.

As May states, "This world includes the past events which condition my existence and all the vast variety of deterministic influences which operate upon me. But it is these as I relate to them, am aware of them, carry them with me, molding, inevitably forming, building them

in every minute of relating."<sup>(12)</sup> Thus, the past events in the student's life as a student will condition her existence as a graduate.

The Mitwelt, which is the basis of this study, is at the same time what others do to me, and what I bring to others. As Heidegger said, "the whole hyphenated expression being-in-the-world refers to the person who is, not the environment in which she is. But her interaction with the environment makes her the person she has become." Thus, the person who is, who will interact with the new professional environment, will have definite influence on the person she is to become.<sup>(25,12)</sup>

Importance.-- The importance of this study could be derived from the assumption that education for commitment to a profession should be the goal of a professional education, for, if it is, the objectives of such an education would be achieved. However, the importance of commitment to the existentialist is more fundamental in that every individual, to achieve being, must commit himself and it is within his situation limits or boundaries that he must do so. For student nurses, this situation in the world is the professional world of nurses and the relationships composing this world become important in their commitment. Thus, to understand commitment for them, to attempt to foster it, the educator must understand this world, but understand it as it exists for students. As the purpose of this study is to attempt to describe the pattern of relationships perceived to exist in the occupational world, the Mitwelt, it is hoped further understanding can be gained of the students' perceptions of this professional world within which commitment must be achieved and that such understanding can be of use in the creation of an educational environment which will be favorable to commitment.

### Procedure of the Study

It was proposed that through eliciting the students' ideals and insights or perceptions of each others' ideals that the pattern of identifications and distances existing between the types of students could be described. It was also believed that this could be done through the use of Vaillot's instruments and accordingly, letters requesting permission to use the questionnaire in completing this study were sent to Sister Vaillot and to the J. B. Lippincott Publishing Company; permission was received. (Appendix B)

Students in four types of schools, baccalaureate degree, associate degree, diploma, and practical nurse, who were within one to two months of graduating were selected to be participants. Letters were sent to the Director of Nursing Education in one school of each type requesting permission to administer the questionnaire. A postcard was included to be returned by the Director, upon which she could indicate her willingness to participate. (Appendix B) An affirmative reply was received from all four schools. It was found that with examinations and graduation pending it would be impossible to schedule time for the investigator herself to administer the test in all of the schools. To insure continuity of method copies of the questionnaire with directions, answer sheets and stamped addressed envelopes for returning them were sent to the schools to be distributed as convenient. The data were then tabulated individually and grouped as to schools for the purpose of statistical analysis. The data were interpreted, the study summarized, conclusions drawn and recommendations made for further study.



### Overview

Chapter two will consist of a review of related literature. As the justification for this study lies in the extension of existentialist principles, this chapter will be largely devoted to the explanation of existentialism as it relates to an interpretation of the nature of commitment. Chapter three will describe the instruments and procedures used, and give an analysis of the data and the findings of the study. Chapter four will consist of a summary of the study, and the presentation of the conclusions and recommendations which can be made on the basis of the findings.

## CHAPTER II

### REVIEW OF THE LITERATURE AND RELATED STUDIES

#### Introduction to Existential Thought

Plurality of views.-- Tiryakian, in attempting to discuss existential thought, notes that such an attempt is faced with "nearly insuperable difficulties" due to the paradoxes, internal contradictions, and absence of unity or order. It is important to understand prior to any discussion of existentialism that, as Tiryakian points out, existential thought "...does not refer to a systematic unified doctrine or school."<sup>(24)</sup> Kneller agrees when he states: "...existentialism is not a systematic philosophy in the traditional sense; rather it permeates philosophies; it is an act of philosophizing."<sup>(10)</sup> There is a plurality of views among existential thinkers, and whereas there are many common denominators, there are also many contrasting positions and fundamental differences.

Thus, in a paper of this scope, an adequate, complete presentation of existential thought cannot be made and only existential themes pertinent to understanding the study will be discussed. Further, the reader should realize that many of the principles selected will be those of particular existential thinkers and in all probability there would be disagreement and contrasting views among existentialists as a whole.

However, the limitations which must be imposed in this study

delete the possibility of presenting adequate comparisons between existential thinkers. Therefore, this review of existentialism will be limited to a brief explanation of existential thinking, its origins, and some of the common broad themes, selected and emphasized in accordance with their usefulness or influence mostly in the areas of psychology and psychotherapy and their possible implications in the area of education, particularly in nursing education.

Many of the terms used in the discussion of existential thought are from the writings of Heidegger and other European philosophers. As English translators point out, there are in many cases no single English words which would convey their full meaning. Therefore a glossary of definitions is presented for reference to some of the terms used in the following review.

**BEING-IN-THE-WORLD:** Heidegger's term for the basic structure of human existence. The hyphens suggest that the world is constitutive of the being. It is the being of a self in its inseparable relations with a not self.

**DASEIN:** Heidegger's term for human being. Literally it means being there and signifies man is the only being who knows he has a there and that he is there.

**EIGENWELT:** In Heidegger's analysis of world this is the third mode of experiencing world. It is the world which is experienced in the mode of self-relatedness.

**ESSENCE:** Substance, that which is. To existentialists the essence of man is existence.

**EXISTENCE:** The fact that something is. To existentialists,

existence is viewed as primary to essence and means a standing out, an e-merging in the world of the person.

**EXISTENTIALITY:** In Heidegger's ontological analysis this is one of the three components of Sorge or concern. It is being in advance of oneself. Dasein anticipates or comprehends himself in the future mode of the being-who-is-not-yet-can-be.

**FACTICITY:** The second component of Sorge or care, it is being in a particular situation.

**FALLENNESS:** In Heidegger's analysis of Sorge Fallenness is the unauthentic state in which the person exists in the world of everyday concerns. In this state Dasein is unfree in that he is one among many, having identified himself with objects and forgotten his existence.

**MITWELT:** In Heidegger's analysis of world this is the second mode of experiencing world. The Mitwelt is the world of other humans, the communal world that is always shared with others.

**MYSTERY:** According to Marcel, being must be regarded as a mystery. A mystery is a problem encroaching on its own data, the subject and object being mutually involved constituents of each other.

**PRESENCE:** In Marcel's writing, in human relations presence is the capability of being available to others with the whole self. In the relationship the third person is abolished and each becomes a Thou to the other or a We.

**SORGE:** In Heidegger's ontological analysis Sorge is the term used for the three basic structural determinants of the person or being-in-the-world. Sorge is the concern of Dasein for his being which relates him to his being and has three components, existentiality, facticity and fallenness.

**THROWNESS:** In Heidegger's analysis of being-in-the-world, throwness is the first state or manner in which a person is in the world. It is a self encountering, a sense of finding oneself located in the world.

**UMWELT:** The third mode of experiencing the world according to Heidegger. It is the world as experienced as a surrounding environment, the world of tools and nature.

**WORLD:** In Heidegger's term being-in-the-world, world is an aspect of the person himself and is experienced in three modes, as a surrounding environment shared with others.

Backgrounds of Existential Thought.— According to May, Existentialism is an expression of the profound dimensions of the modern emotional and spiritual temper and is shown in almost all aspects of our culture.<sup>(12)</sup> It is found in philosophy, in psychology, in the literature of Dostoevsky, Kafka, Rilke, and in the art of Van Gogh, Cezanne and Picasso. Schrag states that existentialism as a way of life can be found in the writings of Socrates, Augustine and Pascal but as a distinctive philosophical movement it first began with the reflections of Kierkegaard, Marx, and Fuerbach in the first part of the nineteenth century.<sup>(21)</sup>

Existential thought is in many ways, in May's opinion, "the unique and specific portrayal of the psychological predicament of contemporary Western man..."<sup>(12)</sup> To understand this statement it is necessary to examine the social and historical forces which have created the anxiety, conflicts, and feeling of estrangement of modern man.

As May points out these are the same crises which generated psychoanalysis.<sup>(12)</sup> In the 19th century, the personality of man was fragmented, or compartmentalized, man being viewed as reason, will and emotions, his life consisting of weekday existence separated from religion on Sundays, his ethics divorced from business. Further, as Tiryakian points out, political and religious movements had transferred power from a small aristocratic class to a much broader commercial middle class, termed as "bourgeois society," in which the individual's task was to find an accepted niche and to adapt his needs to the needs of society.<sup>(24)</sup> The developing industrial age tended to further the depersonalization and dehumanization of man, the assembly line manipulating man much as the machine he was called upon to manipulate.

Paralleling the machine age was the rapid development of many autonomous sciences, each following its own particular direction, there being no unifying principle between themselves or between science, philosophy and theology. This compartmentalization of the culture was paralleled within the human personality by repression and Freud's development of scientific techniques for understanding the fragmented individual. However, as May points out, Freud viewed the fragmentation of the personality only in the light of natural science.<sup>(12)</sup> Kierkegaard and Nietzsche, the forerunners of existentialism, foresaw the

results upon the inner emotional and spiritual life of man, leading ultimately to the estrangement of men from one another and finally to man's alienation from himself. (12)

According to May, this does not imply that Kierkegaard or Neitsche underestimated psychological analysis, only that their concern was with understanding man as the being who represses. (12) Kierkegaard's attacks were directed against what he viewed as the insipid Christianity of his day and Hegel's philosophical system which divorced reason from subjectivity, but Kierkegaard's call was to the individual. To Kierkegaard, man's illness was due to the want of passion, of commitment. It was to an awareness of one's own subjectivity that Kierkegaard directed attention, for to Kierkegaard, subjectivity was the essence of man and the freedom and the responsibility that went with it were the essence of subjectivity. Kierkegaard pursued the question of how one could become an individual, and the answer for him was that the individual must become inward, he must make a choice, but with passion, and must constantly renew it. (12,3,25)

According to Tiryakian, modern existentialism is also a reaction against the spirits of positivism and scientism, which see man as essentially a knowable object of science, whose dimensions are reducible to quantitative scientific measurement and whose place in the world is as an object among objects. (24) Existential thought then can be viewed, as Tiryakian writes, as a reaction or protest against the negation of integral man in dominant philosophical circles and in the modern urban-industrial world. Thus, it is called a philosophy of crisis, of the relation of the individual to society in modern civilization. (24)

Existentialism represents an attempt to describe and prescribe a place to the existing individual in mass, technological society; it is an attempt to reaffirm the importance of the individual.

Existential Thought.-- The term "existentialism" is surrounded with confusion, as May points out, and has been used to mean everything.<sup>(12)</sup> To many, it has been identified with Sartre's philosophy, regarded by Collins as postulatory atheism, which, as Tiryakian states, "represents one view of man's existence, but by no means does it exhaust or should it be equated with the broader term 'existential thought.'"<sup>(5,24)</sup>

To answer the question, "Just what is existentialism?", perhaps the most fruitful approach is to examine what it attempts to do. May says that "it is not a comprehensive philosophy or way of life, but an endeavor to grasp reality."<sup>(24)</sup> Vailliot says that after Kierkegaard, all existentialists have attempted to re-establish the priority of the concrete, singular person, studied in the very fact of her existence.<sup>(25)</sup> Molina states that it is probably impossible to find a definition to which all students and members of the existential movement would agree but offers a definition centered on two aspects significant and widespread among men generally considered to be existentialists: "existentialism is a type of philosophizing which endeavors to analyze the basic structures of human existence and call to individuals an awareness of their existence in its essential freedom."<sup>(14)</sup> Molina also offers a definition of existentialism, much like Vailliot's, as "a systematic, often technical exploration of the category of the individual."<sup>(14,25)</sup>

According to Schrag, existentialism is the philosophy which seeks



to deal with the basic problem of man's knowledge of himself and is devoted to a foundational and rigorous examination of the human condition. It has emerged as an "emphatic philosophy of human finitude, in which the concepts of finite freedom, temporality, historicity, nonbeing, estrangement, anxiety, death, guilt and resolve are central."

(21) Through these, existentialism has formulated the structural analysis and ontology of human existence. Recognizing that there are differences among existential thinkers, Schrag states there is a basic similarity in methodological procedures and that a common perspective on the nature of existence underlies the apparent diversities, that these differences are actually "...adventitious to the elucidation of the fundamental question 'what does it mean to exist?'" (21)

Existence versus essence.-- It can be noted thus far that in the attempt to define existential thought, the concept that emerges as central is what has been suggested to be the sole unifying principle of existentialism, that existence precedes essence. Kneller states the existentialists' position when he says, "...the question what is man can never be answered until we know what it means to say that man is. We cannot search for essence until we have explained the existence of the thing whose essence we are seeking." (10) Vaillot points out that all existentialists have endeavored to set right the relationship between that which is, essence, and the fact that it is, existence. (25) Western thought since the renaissance, particularly in the sciences, has been concerned with essences or substance, an approach useful in the development of universal laws but one which nevertheless must omit the existence of the individual subject. Thus, existentialism is the

attempt to eliminate the chasm between what is abstractly true and what is existentially real for the existing individual, through, as May states, "the endeavor to understand man by cutting below the cleavage between subject and object."<sup>(12)</sup>

Existential thinking has been termed irrational by many and confused with movements of anti-intellectualism which subordinate thinking to acting. However, May states the existentialists' appeal to a reality underlying both subjectivity and objectivity and speaking for existentialist thinkers in the psychological tradition, claims it is possible to have a science of man which studies human beings in their reality.<sup>(12)</sup> Schrag, in refuting the charges of irrationalism states that existential thinking "...transcends the distinctions; the validity of thought is in nowise denied, what is denied is that thought can be reduced to a rational objectifying, theoretical activity."<sup>(21)</sup> Tiryakian points out that anterior to rational thought is the knower's own existence, that "...Before I can think I have to exist, I have to be." Thus, it is precisely the task of the existential thinker to think his existence, he must penetrate his concrete particularity and existential involvement with thought which has universal validity.<sup>(24)</sup> The existential thinker is a thinker and an existing individual at one and the same time. He lives his existence at the same time that he thinks it.

Further, Schrag states, existential truth is a mode of existence and a way of life, something one is rather than has, something one lives rather than possesses.<sup>(21)</sup> Existentialists view the experience of existence as preceding the subject-object split. The existential

concept of "being-in-the-world," arising from man's pre-theoretical encounter with his existential world of personal and practical concerns, is the primary phenomenal concept through which it becomes possible to under-cut the subject-object dichotomy. Existentialism seeks for the elucidation of the experience of the active-existing subject in contrast to the isolated thinking subject. Priority is given to being, knowing is itself a mode of being. Thus, the existential philosopher insists philosophy must take its point of departure in the awareness of individual selfhood, for existence means having one's being as a human individual in the world.<sup>(21)</sup>

The subject-object cleavage essential to traditional rationalism is incompatible with an existential approach; existence literally refers to a state of standing out, of e-merging.<sup>(24,25)</sup> Human existence suggests a coming-out, a presentation of the individual to the world and the world to man. There will always be an existential nexus between the self and its objects and this becomes an important topic for existentialist inquiry.<sup>(24)</sup> Thus, as Tiryakian states, existential philosophizing will revolve around the presupposition: "I am always existentially related to my objects."<sup>(24)</sup> Attention is thus concentrated on I am, what it means for the subject to be and what is meant by being.

#### Concepts of Existentialism Pertinent to Commitment

Before some understanding of the importance of commitment or personal fulfillment can be gained, it is necessary to explore some of the themes basic to existential thought, remembering there are wide differences in interpretations between existential philosophers. The

fundamental phenomenon in an existential ontology is as Schrag states, the primordial consciousness of being-in-the-world, which experience constitutes the phenomenological departure for a description of existence.<sup>(21)</sup> Blackham states the mode of existence of human being has a structure. Especially to Heidegger, human being is being-in-the-world, or the being of a self in its inseparable relations with a not self.<sup>(3)</sup>

Molina and Tiryakian state that to existentialists the person is one whose essence lies in his existence.<sup>(14,24)</sup> Derived from the Latin word *existere*, to stand forth, to arise, existence here must be grasped as a standing out, an e-merging. Thus, the essence of the person is to stand out beyond himself; the person is that which can get beyond itself, can transcend itself. This standing out is taken in relation to the world, human reality is essentially a being towards, a standing out in the world, a being-in-the-world.<sup>(3,12,14,24)</sup>

All existentialists recognize the distinctiveness of human being in contrast to other beings, for man is the only being-in-the-world capable of reflective thought. This hyphenated expression signifies the being who is there, implying man knows that he has a there and that he is there.<sup>(12)</sup>

As it is man and only man among all entities who raises the question of being, Heidegger used the term Dasein to denote human being which literally means "being there." It is Heidegger's analysis of Dasein and the concept of world that has been most fruitful in existential psychotherapy, which is the attempt to understand man in his reality as a being-in-the-world.<sup>(12)</sup> As the essence of Dasein is existence, a standing out from its being and the characteristic of Dasein

is to transcend itself, man is possibility. Dasein has the power to be for his existence is in his choice of possibilities which are open to him. Since choice is never final, existence is indeterminate because not terminated. (3,14) Dasein is thus dynamic, is a potentiality, a process and, as May states, is always becoming. Thus the significant tense is the future and the critical question is what I am becoming. (12)

Heidegger's analysis of the concept being-in-the-world yields three components: the world, the being who is in the world and the relation of being in itself. These three components can be analyzed separately but actually they are interdependent. The world, according to Heidegger, is an aspect of the person himself, its significance determined by the concern of the person and, as May states, to understand any human we must first understand his world. (12)

Binswanger also views Heidegger's concept of being-in-the-world as transcendence and views the importance of this concept as overcoming the dichotomy of world into subject and object. (12) To Binswanger this concept of world in the sense of world formation or world design is that toward which the existence has climbed and according to which it has designed itself. (12) This becomes important for the what of the world design furnishes the how of being oneself. Transcendence implies self design as well as world design, the existence of an individual being different according to the many potential modes of being for the self and the design it chooses. Thus the choosing of the what, the potential mode of being-in-the-world as a nurse, will determine the how of being oneself. (12)

World.-- The first component of being-in-the-world, the world, is an aspect of the person himself. Thus the problem is the worldliness of world or the matrix of significance determined by the concern over the world on the part of a person, the world receiving its essential characteristics by relations of reference.<sup>(3)</sup>

Again, it is Heidegger's ontological analysis of human existence that is most fruitful for clarification of the existential concept of world. According to Heidegger, the world is experienced in three modes or horizons. The first or the Umwelt is the world as experienced as a surrounding environment, disclosed as a world of tools and nature. The second mode, the Mitwelt, is the communal world or that which is always shared with others. The third mode, the Eigenwelt, is the world experienced in the mode of self relatedness or the world as uniquely one's own.<sup>(21)</sup> These three modes of experiencing world are inter-related, interdependent, simultaneous and perceived in man's immediate understanding only in structural interdependence. However, existentialists believe they can be independently analyzed.

As it is the Mitwelt, or communal world of nursing that this study proposes to describe, only this mode of experiencing the world will be further discussed. However, it must be stressed that the existential world is experienced as a surrounding environment shared with others. The Mitwelt is, as Vailliot states, made up of man's relationships with other men; it is at the same time what others do to me and what I bring to others.<sup>(25)</sup> Speaking of the Mitwelt, May states world includes the structure of meaning which is designed by the interrelationships of the persons in it. The meaning of others in groups of human beings is

determined partly by one's own relationship with them, the essence of the relationship is that in the encounter both persons are changed.<sup>(12)</sup> "...the relationship molds my being as I contribute to the molding of others being."<sup>(25)</sup> Thus the relationships between the individuals in the occupational world of nursing form an important part of each person's Mitwelt.

The being who is in the world.-- Heidegger's analysis of the second component of the concept being-in-the-world, or the being who is in the world, proposes that there are three aspects that make up the structure of the person, which is termed Sorge or care.<sup>(14)</sup> Tiryakian states that a primary mode of human existence is to care, man as an existent is always distinguished by his caring and, by caring for things, man's existence is open ended.<sup>(24)</sup> Heidegger describes Dasein as that being who is concerned for his being and who in his concern relates himself to his being. Thus concern or care is a basic structural determinant of being-in-the-world.<sup>(21)</sup>

The total structure of care is the fundamental structure of the being who is in the world. There are three components of Sorge or concern: existentiality, or being in advance of oneself, facticity, or being in a particular situation in the world, and fallenness, or being absorbed in the world.<sup>(14)</sup>

In existentiality as a component of care, or being in advance of oneself, Dasein anticipates, or comprehends himself in the future mode of the being-who-is-not-yet-can-be. It is important to recognize that this existential future is already an integral aspect of the person grounded in the projective nature of understanding. The self must be

understood as a synthesis of possibility and necessity. In necessity the self is that which it has been and in possibility becomes that which it is not yet.<sup>(21)</sup> Existentialists regard the self as to be seen in its potentiality, they hold the past can be understood only in the light of the future, what an individual seeks to become determines what he remembers of his has been.<sup>(12)</sup> Tiryakian states Dasein is primarily a "being-possible" and human being is characterized not by having possibility but by being possibilities, the most basic one being the possibility to be an authentic self or not.<sup>(24)</sup>

Dasein, being possibility, exists by projecting itself; man's comprehension of the world springs together with his being cast into the world from a common root in a basic human situation. He recognizes for what he exists in his possibilities and for what things about him exist in their answering to his possibilities. The meaning of human existence is elaborated in the possibility of action of Dasein. Man gives sense to what is about him by making use of it, but this construction is limited by the nature of things. Not everything is possible in the organized, routine brute world. This opens two decisively opposed modes of being: authentic being rooted in the explicit sense of the situation and unauthentic being moving automatically in the established ruts and routes of the organized world.<sup>(24)</sup>

Facticity as a component of Sorge, or care, is being in a particular situation. This concept of the person's situation is one all existentialists emphasize. Vailliot quoted Marcel as saying the human situation is to be being-in-situation.<sup>(25)</sup> Kneller states that all existentialists hold that human existence is "inserted into the world,



man faces a determinate situation but it is his situation."<sup>(10)</sup> To Jaspers, man's existence can be worked out only within the sphere of empirical being and everyday empirical being is being-in-a-situation.<sup>(5)</sup> Man's embeddedness in the world is always achieved in terms of particular and concrete circumstances.

Heidegger states situationality is the determinant which expresses the perpetual finding of one's self as "already there." Dasein finds himself already there and finding himself in a situation, Dasein is confronted with the responsibility of determining what significance this situation will have in his future decisions, what role it will play in his project of becoming that being which he is not yet.<sup>(21)</sup>

Existentialists recognize that there are some basic situations from which the human cannot escape. As Jaspers points out, man must die, suffer, struggle, toil, and chance guilt.<sup>(5)</sup> These are viewed as ultimate situation limits or boundary situations and Dasein cannot go outside them or modify them; he can only accept them as being inevitable. In the world of nursing, the nurse is always confronted with these situations in the suffering and death of others and these can be accepted and become stepping stones to personal commitment.

The relation of being-in.-- The third component of Heidegger's analysis of being-in-the-world is the relation of being-in itself or the manner in which a person is in the world. The first state or manner is that of self-encountering, or "thrownness", a sense of finding oneself located in the world in a non-disciplined manner while at the same time charged with the responsibility for one's being.<sup>(3,5)</sup> The person encounters the there which he occupies and through moods or the

affective state he learns how things are going. His situation in the world is illuminated. The acceptance of thrownness constitutes the authentic past of the person.

The second manner is understanding, through which the person projects himself toward his possibilities. The projective nature of understanding constitutes the existential future of the person in the mode of the being-which-is-not-yet-can-be.<sup>(21)</sup> Dasein assumes his past or thrownness on occasion of looking forward to the future of projecting his possibilities on the grounds of his given situation.

#### Authentic Versus Unauthentic Existence

Unauthenticity.-- Dasein is being-in-the-world and it is being with others. To all existentialists there are two ways of existing in the world within one's situation limits, authentic and unauthentic existence. To Heidegger, once man becomes aware of his facticity, of his situation in the world, he comprehends it and his understanding demands he project himself into his future possibilities. In the unauthentic state, or fallenness, the individual is present in the world of everyday concerns. He exists with no deep feelings in the mode of the public or anonymous third party, and his behaviour is determined by habit or custom. He is sacrificed to the present in his flight from his future and his past. (17,21) In this state, Heidegger and Kierkegaard say, man is absorbed in the affairs of the world, is one person among others, is unfree.<sup>(14)</sup> His decisions are made by the "one" or mass group. In the unauthentic state Dasein confuses being with having. Human being has identified himself with objects of care and forgotten his own existence.

This type of person, living in the unauthentic state, can be compared to the nurse identified by Reissman as the migrant and by Habenstein and Christ as the utilizer. (18,9) The utilizer is described by Habenstein and Christ as the nurse motivated by no transcendent goals, who remains with no particular dedication to an ideal or life philosophy encompassing her work, the one to whom nursing is a job consisting merely of a succession of discrete tasks or events, who is in the work but not of it. (9)

Authentic existence.-- Kneller emphasizes that Dasein, or human being is understood as existing in the world and its peculiarity is its relationship to the world. (10) The essential characteristic of Dasein is concern. To Heidegger, man is both creator and subject of his own experience and the truly human aspect of man's existence lies in his acceptance of the responsibility for developing his own being into a mature self. The acceptance of this responsibility is commitment or authentic existence.

To Sartre, the authentic man is the one who assumes his freedom and the requirement of authenticity is that man assume responsibility for his past while simultaneously recognizing his responsibility to surpass it toward a future. (24) Authenticity to Marcel is participation in being and the authentic existent is the man who raises himself from existence to being. (11) Being is for every man the full development of his potentialities but being is never attained: man never is, he becomes. This ever continuous passage from existence to being is effected through commitment. (11)

According to Marcel, modern man has lost the awareness of the sense

of being, the individual is seen as an agglomeration of functions.<sup>(11)</sup> Being must be regarded as a mystery, not a problem and to Marcel a mystery is a problem encroaching on its own data, involving them. The subject and object are mutually involved constituents each of the other. Thus, the tension between being and having is resolved by assimilating having into being. In human relationships this becomes I and Thou, in which the third person is abolished and in mutual recognition each becomes a Thou to the other or We. Each becomes present to the other. To be capable of presence is to be available to the other with the whole self.<sup>(3,11)</sup>

How, then, does one become authentic? Existentialists say the problem is in discovering that occasion that calls a person away from doing as "one" does to doing as the individual chooses to do. To Heidegger it is dread of and for being-in-the-world that frees the person for self projection toward freely chosen possibilities.<sup>(14)</sup> By revealing to Dasein what it means to be in the world, dread reveals the person's existentiality or being-in-advance-of-oneself, his facticity or situation in the world and his fallenness or being absorbed in the world. In the world of nursing where the nurse is constantly confronted by the ultimate situation limits of illness, suffering and death, the occasion is constantly there for the acceptance of them for free choice or whole hearted commitment.

The other.— Human existence is shared existence and existentialists stress human relationships. Kneller states no doctrine exists that more greatly exalts the value of the human personality.<sup>(10)</sup> Most existentialists agree that in the modern world of mechanization the

individual has become depersonalized, a mere unit to be manipulated. In the world of medicine with its increasing technological sophistication and its stress on functions there is the danger of regarding the individual in such a manner, as an object.

Marcel states that every individual in his own field must do what he can to promote and maintain the essential dignity of man. (11)

Heidegger, Jaspers and Marcel all stress the need for man to strengthen the bonds of human affection to recognize each other's dignity and freedom. (11,3,5,14,17,21)

To Marcel, the characteristics of the authentic personal existence are the abilities to face, to challenge, to take responsibility for, to take upon oneself and to evaluate. The person is disposable or ready to make himself available to others and fully present. The importance of commitment to the nurse is apparent if she is to regard patients not as objects or technical units to be manipulated but as "thou." The nurse needs to be available to her patients, to accept and help them accept the ultimate situation limits of death and suffering and make responsible choices within their limits. The nurse's relationship with her co-workers is equally important and it is essential they become "we" in their responsibilities to the patients, that the nurse not be absorbed in the world of "das man," doing only what the group demands, avoiding personal decisions.

It must be emphasized that authenticity or commitment must be achieved in a person's situation in the world. In authentic existence or the committed life man accepts his past, understands his situation in life and on the basis of these projects into the future. What a

person is now is determined by his possibilities as projected into the future and by the possibilities he has realized in the past. Some understanding of that part of the nurse's situation in life, her relationships with her co-workers becomes important to understanding what factors are favorable to commitment and how to stimulate and nourish commitment. Thus, the perceptions the students hold of the occupational world they will share upon graduating can be of importance in understanding what commitment will be for them.

#### Education for Commitment

This exploration of existential themes clearly points out the importance of the student nurse's situation-in-the-world and of the relationships which compose her Mitwelt. The question now arises as to the relation of these to education. Schrag states that existentialism is not immediately useful as a source of answers to specific educational problems, its force is to suggest what we should be looking for, in what direction our activities should be moving.<sup>(21)</sup> Kneller points out that existentialism is concerned with the unfolding of the individual as a whole in the particular situation in which he finds himself. The human being-student chooses within the environmental situation and the teacher must understand the situation and her own role in it. What this study purports to do is to seek some understanding of the students' situation in the world, an important aspect of which is their view of future relationships in the occupational world of nursing.

Exploring the two-fold goal of a professional education: "the education for the continued existence, prosperity and social usefulness

of the profession and education for the self realization of the educand," Vaillot concludes that these would be attained at once if the educator would help the educand to become wholeheartedly committed to the profession.<sup>(25)</sup> Quoting Super, Vaillot states that "vocational adjustment means self-realization," and that self-realization coincides with ego-identification and follows commitment.<sup>(23)</sup>

Roe, Vaillot states, affirms that professional excellence and commitment go hand in hand.<sup>(19)</sup> If commitment to a profession should be the goal of education in professional schools, Vaillot points out, then one of the basic tasks of educators should be to find ways of fostering commitment and an interest in its nature and an understanding of the conditions which will nourish it or deter it should be of prime importance to them.<sup>(25)</sup>

#### Review of Vaillot's Study

This investigation was done on the basis of a recommendation for further study made by Vaillot. Vaillot's study was undertaken with the purpose of describing the worlds of student nurses in baccalaureate, diploma, and practical nurse schools. Vaillot states her study received its relevance from themes borrowed from existential philosophers. Those themes give the students' professional world importance as the situation in which students must achieve being or commitment.

Based on Heidegger's analysis of Mitwelt and Umwelt, Vaillot viewed the student's professional world as being composed of a pattern of identifications and distances. The assumption was made that this pattern could be described by eliciting the students' ideals on an

important question and comparing these with their perceptions of the ideals of other important persons who share this world, their teachers, the head nurses, physicians, and patients, and the students' opinions of the actual situation in nursing today. (25)

Freshman and senior students in two baccalaureate degree schools, ten diploma schools and five practical nurse schools were studied by Vailliot. The question of a professional versus a traditional orientation was chosen by Vailliot as the basis for the construction of her questionnaire as it is a question recognized as clearly dividing nurses. The nurse with a professional orientation regards nursing as a full-fledged profession in the narrow sense of the word. (25) That is, nursing to the "professionalizer" is, as Vailliot states, "...autonomous, self directing, demanding advanced preparation of its practitioners, carrying social prestige and entailing broad responsibilities." (25) The professional nurse is nursing oriented, regards health as a major problem in our society and accepts the responsibility of the nurse's role in meeting it.

The nurse with a traditional orientation is "...motivated by an ideal," an ideal which can be traced back to Florence Nightingale. (25) The traditionalizer is patient oriented and regards nursing as a service to patients. She is content to have the service she gives the patients be directed and supervised by physicians who with the general public she believes to be qualified to judge nursing and set educational standards. The length of experience a nurse has and the warmth of the nurse-patient relationships are believed by the traditionalizer to be of prime importance in contrast to the professionalizer who stresses



education, skills and efficiency.

Vaillot regards both of these orientations as valuable and equally good. The real problem, according to Vaillot, is the intrapersonal conflict among nurses, caused by their compromising between the two orientations, claiming values they do not or cannot translate into their conduct.<sup>(25)</sup> The solution she proposes is commitment to the orientation the nurse chooses within nursing, or commitment to nursing. Thus the question of a professional orientation versus a traditional orientation is used as the basis for studying the relationships in the students' world.

Vaillot's questionnaire was used in the present study. Information relating to the construction, validation and description of the instruments will be found in chapter three of this report.

Vaillot states that her study tested no hypothesis or asked no specific question, thus, could draw no conclusion. Rather, it attempted to give insight into the student nurses' professional world. The findings of Vaillot's study revealed differences between the groups in their orientation, but in no instance did any group's ideal lie on an extreme of the professionalization scales. The main differences seemed to be in their allegiance to the other members of the school environment. Vaillot found the baccalaureate degree students' ideal was closer to the teachers' ideals. The diploma students' ideals agreed with the head nurses and physicians and what nursing actually is. The practical nurse students' ideals agreed with the patients.

Vaillot's findings indicated the baccalaureate degree students' ideal of nursing was more professionally oriented than diploma students

who in turn were more so than the practical nurse students. However, the differences between the groups were not based on the tasks they performed as no group claimed any specific task as its own. None of the groups identified with their teachers. In all cases the students felt their teachers wanted nursing to be too much of a profession and felt the teachers were out of contact with the hospital world of the head nurses, physicians and the real situation. (25)

On the basis of the findings of her study Vaillot made the following recommendations:

1. A study be done of the type of communication existing between teachers and students, and of the teachers' perceptions of their relationships with the students.
2. An historical study of the origins and development of the professional ideal among nurses be done.
3. Studies be done of nurses' opinions concerning the professional status of nursing compared with sociological factors.
4. A study be done of the beliefs each type of student holds concerning each others' ideals.

#### Summary

A survey of nursing literature shows that nurses are divided by two major orientations, characterized as a professional versus a traditional attitude, which cause intrapersonal and interpersonal conflicts. Vaillot suggests that both orientations are good and suggests nurses become committed to nursing within these two attitudes and proposes a philosophy of commitment based on existential themes.

A review of existential themes reveals that existence is viewed as preceding essence and to achieve authentic being or commitment a person must pass from existence to being. Human being is being-in-situation and thus it is within their situation in the world that student nurses must achieve commitment. In relation to education for commitment, the literature points out the necessity of the teacher understanding the educand's situation-in-the-world. Several educators state that the goals of a professional education would be achieved if education for commitment were its goal. A person's world, to existentialists, is both in their situation and their apprehension of that situation, and as Vailliot states, the student nurse's apprehension of her situation constitutes her professional world. It is this which was the basis of Vailliot's study and of the present study.

### CHAPTER III

#### PROCEDURE, TABULATION, ANALYSIS OF DATA, AND FINDINGS

##### Procedure of the Study

Selection of the Instruments.--- It was the purpose of this study to explore that part of the world of nursing which is constituted by the web of inter-relationships which bind together the members of the nursing universe, the types of nurses, as they were seen through the eyes of seniors in schools of four types. The study sought to explore the perceptions the types of students have of each others' relationship with them and with each other by describing the pattern of professional identifications and distances in which each group perceives they stand.

Thus, an instrument was needed which would yield a measure of the students' ideals in relation to a common attribute. It was decided that Vaillot's instrument, developed to explore the pattern of relationships existing between the students and the important members of their professional world on the question of professional orientations could be used. It was believed that the use of Vaillot's instrument would possibly increase the value of the present study as the use of an instrument previously tested through actual usage would increase the reliability of the findings.

Description of the instruments.--- Vaillot's instrument was designed to explore the relationships existing in the students' Mitwelt, their professional world. Her instrument was constructed to reveal the

patterns of identifications and distances between the students and important persons in their professional world, their teachers, the doctors, head nurses, and patients. This was done by a questionnaire in which the students expressed their own ideals, their opinions of the other persons' ideals and their perception of what the actual situation is in nursing today. The question of a professional versus a traditional orientation was selected as the basis of the questionnaire because, as Vailliot stated, nursing literature indicates these orientations clearly divide nurses. (25)

The instrument consisted of two sets of scales. The first part, the professionalization scales, was designed with the objective of measuring professional orientation. (Appendix A) From nursing literature Vailliot abstracted nine characteristics of a professionally oriented nurse and constructed twenty-five multiple choice items. The item stems presented a debatable professional issue and the three possible answers represented a professional, intermediate or traditional orientation. Discrepancies and similarities between the students' ideals and their opinions of the other persons' ideals indicated professional distances and identifications between them. (25)

The second part of the instrument, the assignment of task scales, was based on the assumption that one's professional orientation is reflected in the tasks and functions composing the professional world and there is a hierarchy of tasks. A list of thirty tasks was compiled, ten administrative, ten technical and ten touch tasks involving direct patient contact. (Appendix A) Within each group of ten were five complex and five simple tasks. The students rated each task according to

the type of nurse they believed would ideally perform it, who they believed the others would want to do it, and who actually did do it.

Vaillet conducted a pilot study. Statistical analysis indicated the instrument did measure differences in patterns of identification and distances between the types of students and their co-workers. Further validation was obtained by item analysis of ratings of nursing educators and head nurses on the items as to the professional objective in the stem and the attitudes represented in the alternatives and as to the complexity and classification of the tasks. Hypotheses were formulated and their verification coupled with the above found that the instrument validly measured the objectives it was designed to do. These tests were confirmed by findings in the actual study.

Modification of the instruments.— Two major changes were made in Vaillet's questionnaire to adapt it for use in this study. The first was to change the persons the students were asked to rate. The second change was in the assignment of task scales. In Vaillet's study the tasks were assigned to one of three possible choices: a registered nurse with a baccalaureate degree, a registered nurse with either a baccalaureate degree or a diploma, and a licensed practical nurse. There was no provision for a registered nurse with an associate degree and as this group is included in the present study it was necessary to change the possible answers to include this type of nurse. Each category of nurse was represented by a number and no rating represented any grouping of the types. (Appendix A)

The remainder of the questionnaire was used essentially as Vaillet constructed it and consisted of an introductory page with a brief

explanation of the test and questions to obtain background information of the students, directions for each scale, the questionnaire itself and answer sheets for both scales. (Appendix A) In the professionalization scales each group of students was asked to give their opinion of what the ideal situation should be, what they believed each other type of students believed to be ideal and also what the actual situation is in nursing today. Thus, the professionalization scales would yield five answers for twenty-five multiple choice questions. The professional attitude was represented by a score of 0, the intermediate attitude 1, and the traditional attitude 2. The lower the total score the more professional the orientation.

The assignment of task scales would yield five answers for each of the thirty tasks. The four types of nurses were assigned the values of 0 for a registered nurse with a baccalaureate degree; 1 for a registered nurse with a diploma; 2 for a registered nurse with an associate degree; and 3 for a licensed practical nurse. Thus, the lower the total score the greater the frequency registered nurses with baccalaureate degrees were selected. The ratings assigned the diploma and associate degree students were arbitrarily assigned on the basis of the length of the educational program and do not imply a greater degree of professionalization.

Sources of data.-- The sample studied was composed of senior students, or those within two months of the completion of their program of study in one school of each type: baccalaureate degree, associate degree, diploma, and practical nursing.

In Oregon there were two collegiate schools, or four year programs

leading to a baccalaureate degree, and three diploma schools of nursing or three year programs conducted by hospitals. As both of the baccalaureate programs and two of the diploma programs are located in the city of Portland, it was believed that there would be less variation between the schools due to geographic influences if schools within the same metropolitan area were selected. As there were no associate degree programs in Oregon it was necessary to select one from a neighboring state, but this school also lies in a large metropolitan area only a few miles from Portland. It was necessary to select a practical nurse school from a smaller city lying fifty miles outside Portland as this was the only school whose date of graduation coincided with the other types of schools.

The selection of the baccalaureate degree school and the diploma school was made largely on the basis of the availability of the students. As all of the diploma programs are affiliated with a religious body, an additional factor favorable to the selection of college program A was its religious affiliation as opposed to college B which is a state operated school.

The college program selected is affiliated with a Catholic university and the diploma program with a Protestant or Episcopalian hospital. The associate degree program is conducted within a junior college and the practical nurse school a twelve month program within the public school system for adult education.

Collection of the data.-- A letter of introduction was sent to the Director of Nursing in each of the selected schools. The letter briefly described the study and requested the school's participation.



(Appendix B) A stamped postcard was included upon which the director could indicate whether or not she was willing to participate and the number of senior students enrolled. (Appendix B) All four of the directors of the schools first selected returned affirmative replies and were contacted to arrange the administration of the questionnaire.

The original plans were for the investigator to administer the questionnaire. However, it was necessary to modify the method and the Directors of Nursing were sent copies which they distributed to the students. Directions, answer sheets and stamped addressed envelopes for returning the tests were appended to each questionnaire. (Appendix A)

The number of students in the senior class in the baccalaureate school was 23 and 100 per cent responded. Of 48 seniors in the diploma school only 16 responses, or 33 per cent, were returned. The Director of Nursing Education was recontacted and she agreed to remind the students of the questionnaire but no additional responses were obtained. It was learned that approximately one third of the diploma students were on vacation and one third on affiliation and that 16 actually was a high percentage of those available. It was believed that the sample would tend to be representative of the whole class and the small size would make it more comparable to the size of the other groups.

Of 18 students in the associate degree program 16 or 88 per cent of the responses were returned. Of 20 practical nurse students only 2 or 10 per cent of the responses were returned and an attempt was made to secure more by sending follow-up postcards. However, no further answers were received and as the students had graduated it was

impossible to contact them. As there were no other practical nurse schools whose students were within 2 months of graduation, it was necessary to omit their responses from the study.

#### Tabulation of the Data

Background information.-- Vaillot's instruction sheet included information concerning the students' age, religion, number of brothers, sisters, and educational history. (Appendix A) In tabulating the data, this information was coded for each student and appears with their raw scores. (Appendix C)

Professionalization scales.-- The data from the professionalization scales were tabulated by adding the values in each column, giving five raw and mean scores for each student. These individual scores were then tabulated to give total raw and mean scores for each group. (Appendix C) Tests of significance were done between mean scores in the five columns within and between groups to test for significant differences which would indicate professional identifications and professional distances.

Assignment of task scales.-- As in the professionalization scales, the raw scores and mean scores for each student and for each group were tabulated for each column. In addition, the number of times a student selected a particular kind of nurse was totaled for each column. The tasks were then separated into the six categories of simple and complex tasks of the three types: administrative, technical, and touch. Tabulations were made of the raw and mean scores for each category on each scale and totals made of the number of times each type of nurse was

chosen by each student. (Appendix C) Item frequencies were then done for the entire group in these six categories and converted to percentage values. In several cases in all groups some students assigned a task to more than one type of nurse. The higher value was used to tabulate these responses for the sums of scores. A few students wrote in a ward clerk or doctor would be preferred and these were assigned values of 4 and 5. This was done as the omission of these responses would tend to distort the data by giving them a negative value which was the value assigned to the baccalaureate students.

#### Analysis of the Data

In the professionalization and assignment of task scales, one column is titled Reality and this term is used throughout the study. Reality refers to the actual situation in nursing today. It indicates not what students believe should be true but what is true as they see it. In the data referring to the assignment of tasks, reality refers to the person in the hospital environment who actually performs the duties listed.

Comparison of samples.-- Examination of the background information showed the majority of students in all the groups had not attended college previous to their entrance into their respective programs. The data on the students' religion, number of siblings and age was included on the premise that these factors would influence the students' professional attitudes. However, it was found these factors could not be compared due to the smallness of the sample. There appeared to be no relation between the students' answers and these factors.

Table 1 shows the size of the classes and the percentages of responses. As explained under data collection, the diploma class was much larger but the responses from the available students tended to make the samples more homogeneous as to size.

Table 1. Comparisons of Size of Senior Classes in Three Types of Nursing Programs with Number and Percentages of Responses

Type of Program	Size of Senior Class	Number of Responses	Percentage of Responses
(1)	(2)	(3)	(4)
Baccalaureate.....	23	23	100
Associate degree.....	18	16	88
Diploma.....	48	16	33
Total	89	55	62

Professionalization scales.-- The professionalization scales consisted of twenty-five multiple choice questions with three possible answers. The answer representing a professional attitude was given a value of 0, the intermediate attitude 1, and the traditional attitude 2. Thus, for each scale, a possible score of 0 would reflect the highest degree in a professional attitude and a score of 50 the most traditional.

The mean score for the baccalaureate degree students' self ideal was 8.13. Baccalaureate degree students attributed a mean score of 21.6 to the diploma students, 21.3 to the associate degree students and 32.04 to the practical nurse students. The mean score baccalaureate degree students attributed to reality, which represents their opinion of the professional status of nursing today, was 21.3. (Appendix C)

Thus, the baccalaureate degree students' own ideal is highly professional, they attribute similar, moderately traditional attitudes to the diploma students, the associate degree students and to the actual situation in nursing. Baccalaureate degree students believe the practical nurse students hold a more traditional attitude than any others. Statistical tests of significance or t-tests showed highly significant differences between baccalaureate degree students' mean self ideal score and the scores baccalaureate degree students attributed to all other groups, indicating they visualize professional distances existing between themselves, all their co-workers and with the actual situation.

T-tests of significance done between baccalaureate degree students' opinions of the other students' ideals showed a highly significant difference between the ideal attributed to the practical nurse students and all other groups. Thus baccalaureate degree students believe professional distances exist between the practical nurse and all her co-workers and between the practical nurse and the real world. Baccalaureate degree students visualize professional identifications existing between diploma students and associate degree students and between diploma students and the actual situation in nursing, or reality.

The diploma students' mean self ideal score was 22.5. Diploma students attributed an ideal of 9.94 to the baccalaureate degree students, a score very close to the baccalaureate degree students' self ideal, a score of 14.87 to the associate degree students, 23.37 to the real situation and 34.19 to the practical nurse students.

(Appendix C) T-tests of significance showed very significant differences between the diploma students' self ideal and the ideals they attributed to the other three groups of students but no difference between the diploma students' ideals and their perceptions of the actual world of nursing or reality.

This would indicate that diploma students believe professional distances exist between themselves, baccalaureate degree students and associate degree students, both of whom diploma students believe are too professionally oriented. Diploma students also believe a professional distance exists between themselves and the practical nurse students who diploma students believe are too traditionally oriented.

T-tests indicated no significance existed in the differences between the ideals diploma students attribute to the baccalaureate degree and associate degree students, thus indicating diploma students believe a professional identification exists between baccalaureate degree and associate degree students. However, very significant differences were found between the ideal diploma students attributed to baccalaureate degree students and the real situation, and baccalaureate degree students and practical nurse students. The differences between the ideals diploma students attributed to the associate degree students and reality and between the associate degree students and the practical nurse students were also very significant, as well as the difference between the practical nurse students and reality.

The associate degree students' self ideal mean score was 16.52. Associate degree students attributed scores of 11.19 to baccalaureate degree students, 19.31 to diploma students, 29.94 to practical nurse

students and 21.92 to the real situation. (Appendix C) T-tests indicated the differences existing between associate degree students' ideals and those they attributed to baccalaureate degree students, practical nurse students and the real situation were significant. Thus, associate degree students identify only with the diploma students, believing the baccalaureate degree students too professionally oriented and the practical nurse students and the actual situation in nursing today both too traditionally oriented. Significant differences also existed between the ideals associate degree students attributed to the baccalaureate degree students, all other groups and the real world. The differences between the ideals associate degree students attributed to the diploma students and the actual status of nursing were insignificant.

Thus, the associate degree students identify only with diploma students, maintaining professional distances between all others and the real world. Associate degree students believe the baccalaureate degree students are too professionally oriented and that the baccalaureate degree students maintain professional distances with all others and with reality. Diploma students, according to associate degree students, identify only with reality and the practical nurse students with no one. These findings are found in Table 2.

Table 2. Comparisons of Baccalaureate Degree, Diploma and Associate Degree Senior Students' Self Ideal Mean Score with Scores They Attributed to Each Other and to Reality on the Professionalization Scales

Type of Student	Self Mean Score	Attributed Mean Scores				
		Bacca-laureate Degree	Diploma	Associate Degree	Practical Nurse	Reality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Baccalau- reate.....	8.13		21.6*	21.3*	32.04*	21.3*
Diploma....	22.5	9.94*		14.87*	34.19*	23.37
Associate degree....	16.52	11.19**	19.31		29.94*	21.62*

\* Probability is less than .01 with t-test

\*\* Probability is less than .02 with t-test

The inadequate returns from the class of practical nurse students made tests of significance impossible, but it is interesting to look briefly at the two responses. A mean of 19.5 was attributed to baccalaureate degree students, higher than any other group had believed them to hold. A mean score of 15 was attributed to the associate degree students. The two practical nurse students' own mean score of 23.5 was lower than any group attributed to them, lower than the practical nurses attributed to the actual situation in nursing and to the diploma students. However, they believed the diploma students' ideal was very close to the real situation in nursing, making this belief unanimous among the groups.

The analysis of data yielded by the professionalization scales has thus far been limited to comparisons of scales within groups. Comparisons were then made between groups by doing t-tests between the students'



self mean scores and the scores they were attributed by each other. As table 3 shows, the baccalaureate degree students' self ideal of 8.13 was the most professional in orientation but it did not differ significantly from the scores the diploma and associate degree students attributed to them. The diploma students' self ideal agreed closely with that attributed to them by the baccalaureate degree students. There was a very significant difference between the diploma students' ideal and the more professional ideal associate degree students believe diploma students hold. Differences in associate degree students' self ideal and the ideals attributed to them by baccalaureate and diploma students were not significant.

Table 3. Comparisons of Baccalaureate Degree, Diploma and Associate Degree Senior Students' Self Ideal Mean Scores with Scores They Were Attributed by Each Other on Professionalization Scales

Type of Student	Self Mean Score	Attributed Mean Scores		
		Baccalaureate Degree	Diploma	Associate Degree
(1)	(2)	(3)	(4)	(5)
Baccalaureate degree.....	8.13		9.94	11.19
Diploma.....	22.5	21.6		19.31*
Associate degree..	16.52	21.3	14.87	

\* Probability less than .01 with t-test

Assignment of task scales.-- The assignment of task scales consisted of three types of tasks; administrative, technical, and touch tasks. There were five simple and five complex tasks in each of the three types. The administrative complex tasks were items 14, 17, 20, 26, and 27. These included such functions as reporting to other nurses and doctors, supervising and assigning work to the other nursing team members, and orienting new nurses. The administrative simple tasks were items 2, 15, 18, 24, and 28, which included transcribing and requesting physicians' orders, checking meal trays and narcotics. (Appendix A)

The complex technical tasks were item numbers 6, 12, 21, 23, and 25. These included carrying out treatments as gavages, medications, using complex equipment as resuscitators, respirators and chest suction on small infants and acutely ill persons. The simple technical tasks were items 3, 4, 11, 18, and 29. These included calculating and drawing up dosages of medicine, applying dressings, scrubbing for surgery, administering nasal oxygen, and tube feedings. (Appendix A)

The complex touch tasks were items 2, 9, 16, 22, and 30. These were tasks involving direct personal contact or nursing care to critically ill patients such as those with acute heart attacks, and demonstrating treatments to patients such as colostomy irrigations and crutch walking. The simple touch tasks were items 5, 7, 8, 10, and 13. These included relatively simple nursing tasks involving direct personal contact as feeding patients, assisting them out of bed, bathing and exercising patients and admitting them to the hospital. (Appendix A)

The raw scores for each student and the tabulations for each group

on each scale are found in Appendix C.

A comparison was made of the mean scores on the total assignment of task test. The baccalaureate degree students' mean ideal was 34.96 and they assigned mean scores of 44.55 to the diploma students, 51.76 to the associate degree students, 48.62 to the practical nurses and 47.91 to the actual situation or who really does perform the tasks. The diploma students' self ideal mean score was 42.81 and mean scores attributed by diploma students to the others were 34.25 to the baccalaureate students, 54.19 to the associate degree students, 52.75 to the practical nurses and 45.37 to the real situation. The associate degree students' self ideal assignment of task mean score was 52.62. Baccalaureate degree students were attributed a score of 31.5 by the associate degree students, diploma students 41.75, practical nurses 50.25 and the real situation 48.62. (Appendix C)

There was an agreement between all the groups' self scores and those they attributed to each other on the total assignment of task scales. All groups attribute the lowest scores to baccalaureate degree students then rank diploma students, reality, practical nurses and associate degree students. This would seem to differ from the professionalization scales in that the associate degree students claimed and were attributed a more professional attitude than any group except baccalaureate degree students. However, the two scales cannot be accurately compared and the mean scores on the assignment of tasks do not necessarily refer to the degree of professionalization of a group's attitude. The associate degree students and the diploma students are both technically oriented and the associate degree students were

arbitrarily assigned the higher rating. Therefore, the frequent selection of associate degree graduates to perform the tasks would be reflected in a higher score. However, the associate degree students claim and are attributed a score which is higher than any group attributes to practical nurses. These findings are shown in Table 4.

Table 4. Comparisons of Baccalaureate Degree, Diploma and Associate Degree Senior Students' Self Ideal Mean Scores with Scores They Attributed to Each Other and to Reality on the Total Assignment of Task Scales

Type of Student	Self Mean Score	Attributed Mean Scores				
		Bacca-laureate	Diploma	Associate Degree	Practical Nurse	Reality
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Baccalau- reate deg..	34.96		44.55	51.76	48.62	47.91
Diploma.....	42.81	34.25		54.69	52.75	45.37
Associate degree.....	52.62	31.5	41.75		50.62	48.62

As these mean scores give no information as to the type of tasks claimed by each group and attributed to the others, an analysis of variance was made between the scores of the three types of students with respect to the six categories of tasks and the students being rated.

Table 5 shows that the largest source of variance, significant at better than the .01 level is due to the type of task being assigned. A smaller amount of variance, but still highly significant, was due to the type of student being rated. It might be hypothesized that if the groups claimed or attributed to the others specific types of tasks

there should be a significant variation due to the interaction of the task type and the group being assigned the task. However, the interaction variance is negligible and insignificant, so small it is doubtful if any one group claims a specific task type.

Table 5. An Analysis of Variance of Scores of Baccalaureate Degree, Diploma and Associate Degree Senior Students on Assignment of Task Test Classified by Type of Task and Type of Student Being Rated

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Square	F	P
(1)	(2)	(3)	(4)	(5)	(6)
Between all Cells...	29	241,481	8327	9.8	Less than .01
Type of Task.....	5	206,103	41221	49	Less than .01
Type of Student.....	4	34,193	8548	10	Less than .01
Interaction-type of task x type of student rated.....	20	1,185	59	.10	More than .10
Within Cells.....	60	50,799	847		
Total.....	89	292,280			

In an effort to understand how the tasks were assigned frequency tabulations were made of the assignment of tasks and percentages calculated. (Appendix C) Although this was done for each scale within each group only each type of students' self choices for each of the six categories of tasks will be presented in tabular form. Frequency tabulations for the remaining scales are found in Appendix C. Significant trends in the task types attributed by the students to each other will be commented on as appropriate.

Baccalaureate degree students.-- As the baccalaureate degree students held highly professional attitudes on the professionalization scales, it might be expected that they would claim for themselves a greater number of the administrative tasks and a fewer number of the touch tasks. This is apparently verified in their response to the complex administrative tasks with baccalaureate degree students assigning 86 or 74 per cent of the complex administrative tasks to a registered nurse with a baccalaureate degree. Fourteen or 12 per cent of the complex administrative tasks were assigned to diploma graduates and 1 or 1 per cent each to associate degree and practical nurses. Only 33 or 29 per cent of the simple administrative tasks were claimed by baccalaureate students, the largest number, 36 or 31 per cent, were assigned to practical nurses. Closer examination of the data revealed that practical nurses were selected for items 1, 15, and 28. Tasks 18 and 24 were retained by the majority of baccalaureate students. (Appendix C)

Of the complex technical tasks, 76 or 66 per cent were claimed by baccalaureate students as their own. Twenty or seventeen per cent were assigned to diploma graduates and 11 or 10 per cent of the responses indicated baccalaureate students believed a registered nurse with either a baccalaureate degree or a diploma was ideally qualified to perform the complex technical tasks. Associate degree graduates who are educated for the purpose of performing technical duties were selected by baccalaureate degree students to perform only 2 or 2 per cent of the complex technical tasks and 21 or 18 per cent of the simple technical tasks. Baccalaureate degree students believed they themselves should perform

46 or 40 per cent of the complex touch tasks and 23 or 20 per cent of the simple touch tasks. The largest number of the simple touch tasks, 55 or 48 per cent were assigned by baccalaureate students to practical nurses.

Varying small percentages of the tasks were assigned to more than one type of nurse by the baccalaureate degree students. The baccalaureate degree students believed a registered nurse with either a baccalaureate degree or a diploma would be ideally qualified to perform 11 or 10 per cent of the complex technical tasks and that all three types of registered nurses were equally suitable to perform 10 or 9 per cent of the simple technical tasks.

A few of the baccalaureate degree students' responses indicated they believed a ward clerk or a doctor should ideally perform a particular task. Although these responses are extraneous data they were assigned values of 4 and 5 respectively as their omission would distort the data by giving them a negative value which is the value assigned to the nurse with a baccalaureate degree. Tabulations of the tasks the students believed should be performed by a ward clerk or doctor can be found in Appendix C.

The findings of the baccalaureate degree students' self ideal assignment of tasks are shown in Table 6.

Table 6. Percentages of the Six Categories of Tasks Baccalaureate Degree Students Assigned to Four Types of Nurses, the Ward Clerk and the Doctor on the Assignment of Task Scales

Person * to Whom Task Assigned	Percentages of Tasks Assigned						Total Tasks
	Category of Task						
	Adminis- trative Complex	Adminis- trative Simple	Techni- cal Complex	Techni- cal Simple	Touch Complex	Touch Simple	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
0.....	74	29	66	13	40	20	40.43
1.....	12	11	17	38	20	10	18
2.....	1	4	2	18	15	11	9
3.....	1	31		13	11	48	17
0-1.....	6	4	10	3	5	1	5
0-2.....	2	1		2	1		1
0-3.....		1		2	1		1
0-1-2.....	2	2	4	9	3	2	3.3
0-1-2-3..		1			2	4	1
1-2.....				1			.14
2-3.....		1			1	1	.43
4.....		7			1	1	1.4
5.....			1				.3
NR.....	2	8		1		2	2
Total	100	100	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with diploma  
 2- Registered nurse with associate degree  
 3- Practical nurse  
 4- Ward clerk  
 5- Doctor  
 NR- No response

Frequency tabulations were done of the assignment of tasks baccalaureate degree students attributed to the diploma students, associate degree students and practical nurse students. (Appendix C) Baccalaureate degree students believe diploma students would assign 366 or 53 per cent of all the tasks to a registered nurse with a diploma and only 38 or 5 per cent of all the tasks to a registered nurse with a



baccalaureate degree. Baccalaureate degree students believe diploma students would assign 40 or 6 per cent of the total tasks to a nurse with an associate degree and 116 or 17 per cent to practical nurses.

The baccalaureate degree students believed the associate degree students would assign 222 or 32 per cent of the tasks to a registered nurse with an associate degree and only 68 or 10 per cent to registered nurses with baccalaureate degrees and that these would be mainly the complex administrative and technical tasks. (Appendix C)

The baccalaureate degree students believe the associate degree students would assign 144 or 21 per cent of the total tasks to diploma graduates and 119 or 17 per cent to practical nurses. Sixty-two or 53 per cent of the tasks the baccalaureate degree students believe the associate degree students would assign to the practical nurses are the simple touch tasks. (Appendix C)

Practical nurses were seen by baccalaureate students as retaining 191 or 28 per cent of the total tasks which were 83 or 72 per cent of the simple touch tasks but also 31 or 27 per cent and 30 or 26 per cent of the simple administrative and technical tasks. (Appendix C) Baccalaureate degree students believe the practical nurses would delegate the largest number, 230 or 33 per cent of the tasks to diploma graduates then 97 or 14 per cent of the tasks to baccalaureate degree graduates and only 35 or 5 per cent to the nurse with an associate degree.

The students in the baccalaureate degree granting program see the actual world of nursing, or reality, as largely diploma graduate oriented with 302 or 44 per cent of the total tasks being performed by nurses with diplomas. The baccalaureate degree students believe that in the

hospital environment the registered nurse with a baccalaureate degree does only 74 or 11 per cent of the tasks.

Table 7 shows that the baccalaureate degree students prefer themselves for a very slight majority of tasks but they do not believe that anyone else does. The largest number of those tasks baccalaureate students do claim they perform are of the complex administrative type but only 31 or 27 per cent of these are claimed by them. (Appendix C)

Baccalaureate degree students believe the diploma students prefer themselves and that this agrees with the real world. Associate degree students are viewed by baccalaureate students as performing 29 or 4 per cent of the total tasks in the hospital environment. Although the baccalaureate students think the associate degree students would claim a majority of the tasks, they think no other type of nurses would prefer the graduate with an associate degree for any type of task.

A few of the responses that the baccalaureate degree students attributed to the other three types of students and to reality indicated more than one type of nurse could perform the task. These responses were so few that they can be considered insignificant. Also, a few of the respondents wrote in that a doctor or a ward clerk was the ideal person to perform the task. These responses were given largely to items 1, 22, and 28. (Appendices A, C)

Table 7. Comparisons of Percentages of Baccalaureate Degree Students' Assignments of Tasks to the Four Types of Nurses, the Ward Clerk and Doctor with Assignments Baccalaureate Degree Students Attributed to Associate Degree, Diploma, Practical Nurse Students and to Reality

Person to Whom Task Assigned*	Per Cent of Baccalaureate Degree Students' Assignments				
	Bacca-laureate (self)	Diploma	Associate Degree	Practical Nurse	Reality
(1)	(2)	(3)	(4)	(5)	(6)
0.....	40.43	5	10	14	11
1.....	18	53	21	33	44
2.....	9	6	32	5	4
3.....	17	17	17	28	27
0-1.....	5	4	3.8	3.6	3.8
0-2.....	1	1	1.2	1	1
0-3.....	1	.73	.73	.9	1
0-1-2....	3.3	3	3	2.5	3.5
0-1-2-3..	1	1.2	1.2	1.6	2
1-2.....	.14	.14		.14	.14
2-3.....	.43	.43	.43	.42	.42
4.....	1.4	1	1	1	1
5.....	.3	.3	.14	.14	.14
NR.....	2	7.2	8.5	8.7	1
Total	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with diploma  
 2- Registered nurse with associate degree  
 3- Practical nurse  
 4- Ward Clerk  
 5- Doctor  
 NR- No response

Diploma students.--- The diploma students' self ideals on the Professionalization scales were moderately traditional and agreed with their perception of the amount of professionalization actually accorded to nursing. Thus, diploma students apparently believe nursing is as professionalized as it ought to be and their scores on the assignment

of task scales reflects their satisfaction. Diploma students assigned 303 or 63.13 per cent of the total tasks to registered nurses with a diploma. The next largest number of tasks, 88 or 18.3 per cent were assigned by diploma students to practical nurses then 46 or 9.6 per cent to associate degree graduates and only 31 or 6.5 per cent to a registered nurse with a baccalaureate degree.

A tabulation of the six types of tasks showed the diploma students preferred themselves for every type of task except the simple touch tasks where 52 or 65 per cent were assigned to practical nurses. A few of the diploma students indicated in a very small percentage of their responses that more than one type of nurse could ideally perform the task as Table 8 shows.

Table 8. Percentages of the Six Categories of Tasks Diploma Students Assigned to Four Types of Nurses on the Assignment of Task Scales

Person* to Whom Task Assigned	Percentages of Tasks Assigned						Total Tasks
	Category of Task						
	Adminis- trative Complex	Adminis- trative Simple	Tech- nical Complex	Tech- nical Simple	Touch Complex	Touch Simple	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
0.....	27.5	5	5		1.25		6.5
1.....	63.75	67.5	80	80	60	27.5	63.13
2.....	5	11.25	12.5	13.75	10	5	9.6
3.....	1.25	12.5		3.75	27.5	65	18.3
1-2.....						1.25	.21
1-3.....					1.25	1.25	.42
1-2-3...		1.25		1.25			.42
0-1-2...	2.5	1.25	1.25	1.25			1
0-2.....			1.25				.21
NR.....		1.25					.21
Total	100	100	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with diploma  
 2- Registered nurse with associate degree  
 3- Practical nurse  
 NR- No response

Analysis of the frequency tabulations of the tasks the diploma students believed the other students would assign to each type of nurse shows the diploma students believe baccalaureate degree students would claim 170 or 35.41 per cent of the total tasks, which included 62 or 77.5 per cent of the complex administrative tasks, 37 or 46.25 per cent of the complex technical tasks and 30 or 37.5 per cent of the simple administrative tasks. (Appendix C) However, diploma students believe 29 or 36.25 per cent of the simple administrative, 27 or 33.75 per cent of the complex technical and a majority, 45 or 56.25 per cent of the

simple technical tasks would be assigned to diploma graduates by baccalaureate students. Thirty-two or forty per cent of the complex touch tasks would be assigned to diploma graduates but diploma students see baccalaureate students as assigning 55 or 68.75 per cent of the simple touch tasks to practical nurses. In the eyes of diploma students the associate degree graduates are not viewed as preferred by baccalaureate degree students for any task group, the largest number assigned, 14 or 17.5 per cent, consisting of simple technical tasks. (Appendix C)

Diploma students believe the associate degree students would claim 239 or 49.7 per cent of the total tasks or a majority of all types except the simple touch of which 53 or 66.25 per cent are given to practical nurses. They see associate degree students assigning only 18 or 22.5 per cent of the complex administrative tasks to baccalaureate degree graduates and very few of any other type. Diploma students also believe associate degree students would assign 32 or 40 per cent of the simple technical tasks to diploma graduates. (Appendix C)

The practical nurses, according to diploma students, would prefer the diploma graduates to perform 217 or 45.2 per cent of the total tasks, would claim only 160 or 33.33 per cent for themselves and would assign 57 or 11.87 per cent to the associate degree graduate. The least number of tasks, 37 or 7.71 per cent, would be delegated to the baccalaureate degree graduates by the practical nurses. Analysis of the assignment of tasks according to the type of tasks shows this order exists in all categories. The diploma students believe the practical

nurse students would assign most of every category to graduates with a diploma except the touch tasks, which would be retained by the practical nurses. Practical students would assign to practical nurses 38 or 47.5 per cent of the complex touch tasks and 68 or 85 per cent of the simple touch tasks. According to diploma students only 21 or 26.25 per cent of the complex administrative tasks would be assigned to baccalaureate degree graduates by practical students. (Appendix C)

In the diploma students' perceptions of reality or who actually performs the tasks in the hospital environment they see themselves performing 292 or 60.83 per cent of the total tasks, assigning the next highest number, 111 or 23.41 per cent to the practical nurses, then 30 or 6 per cent to associate degree graduates and only 24 or 5 per cent to baccalaureate degree graduates. The baccalaureate degree graduates perform only 17 or 21.25 per cent of the complex administrative tasks and little else in the hospital environment according to the diploma students. The diploma students assigned 33 or 41.25 per cent of the complex touch tasks to practical nurses and but 61 or 76.25 per cent of the simple touch tasks to them. Again, a very small per cent of the responses selected more than one type of nurse in a variety of combinations to perform the tasks as Table 9 shows.

Table 9. Comparisons of Percentages of Diploma Students' Assignment of Tasks to the Four Types of Nurses with Assignments Diploma Students Attributed to Baccalaureate Degree, Associate Degree, Practical Nurse Students and to Reality

Person to Whom Task Assigned*	Per Cent of Diploma Students' Assignments				
	Diploma (Self)	Bacca-laureate	Associate Degree	Practical Nurse	Reality
(1)	(2)	(3)	(4)	(5)	(6)
0.....	6.5	35.41	6.9	7.71	5
1.....	63.13	31.87	22.5	45.2	60.83
2.....	9.6	13.33	49.7	11.87	6
3.....	18.3	17.71	18.8	33.33	23.41
0-1.....					1.46
0-2.....	.21	.63	.42	.84	.21
0-1-2.....	1		.84	.42	1.46
0-1-2-3.....					.42
2-3.....			.21		
1-2.....	.21		.42	.21	
1-3.....	.42				1
1-2-3.....	.42			.21	
NR.....	.21	.21	.21	.21	.21
Total	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with diploma  
 2- Registered nurse with associate degree  
 3- Practical nurse  
 NR- No response

Associate degree students.-- Tabulations of the associate degree students' self ideal assignment of tasks shows they claim 270 or 56.2 per cent of the total tasks and this includes a fairly large percentage of all types. The two other largest assignments are 39 or 48.75 per cent of the complex administrative tasks to the registered nurses with baccalaureate degrees and 43 or 53.75 per cent of the simple touch tasks to practical nurses. The registered nurses with diploma would be



assigned by associate degree students to only 29 or 6 per cent of the total tasks.

Some of the associate degree students selected more than one type of nurse to perform small percentages of all the types of tasks. The largest multiple assignment was 6 or 7.5 per cent of the complex technical tasks to any type of registered nurse as Table 10 shows.

Table 10. Percentages of the Six Categories of Tasks Associate Degree Students Assigned to Four Types of Nurses on the Assignment of Task Scales

Person* to Whom Task Assigned	Percentages of Tasks Assigned						Total Tasks
	Category of Task						
	Adminis- trative Complex	Adminis- trative Simple	Tech- nical Complex	Tech- nical Simple	Touch Complex	Touch Simple	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
0.....	48.75	20	23.75	6.25	5		17.3
1.....	12.5	7.5	7.5	3.75	3.75	1.25	6
2.....	33.75	55	58.75	77.5	71.25	41.25	56.2
3.....		13.75		3.75	12.5	53.75	14
0-1-2....	3.75	2.5	7.5	6.25	2.5	1.25	4
1-2.....	1.25	1.25	2.5	2.5	2.5	2.5	2.08
1-2-3....					1.25		.21
0-1-2-3..					1.25		.21
Total	100	100	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree
- 1- Registered nurse with diploma
- 2- Registered nurse with associate degree
- 3- Practical nurse

The frequency tabulations of the task assignments associate degree students attributed to the other three types of students showed the associate degree students believed the baccalaureate degree students would claim 227 or 47.2 per cent of the total tasks. The largest number

of these, 63 or 78.75 per cent, were complex administrative tasks but the associate degree students also believed the baccalaureate students would claim a large number of the simple administrative tasks with 47 or 58.75 per cent being claimed. (Appendix C) Fifty or 62.5 per cent of the complex technical and 31 or 38.75 per cent of the simple technical tasks would be claimed by baccalaureate students. (Appendix C) The associate degree students believe the baccalaureate degree students would assign the diploma graduates to 81 or 17 per cent of the tasks, some in all categories but no specific type. Associate degree students believe the baccalaureate students would assign to registered nurses with associate degrees only 65 or 13.5 per cent of the total tasks, mainly the simple technical and complex touch type but only 17 or 21.25 per cent and 19 or 23.75 per cent of these. The practical nurses would be preferred for 80 or 16.67 per cent of the total tasks and 63.75 per cent of them the simple touch tasks. (Appendix C)

The associate degree students believe the diploma students would prefer graduates with diplomas for 268 or 55.83 per cent of the total tasks and this number is composed of most of every type of task except the simple touch tasks. For the simple touch-tasks associate degree students believe the diploma students would prefer the practical nurses for 51 or 63.75 per cent. (Appendix C) They also believe the diploma students would want the registered nurses with associate degrees to do very little, only 48 or 10.21 per cent of the total tasks and these are of no specific type.

The associate degree students view the practical nurse students as claiming 144 or 30 per cent of the total tasks and this is 32 or

40 per cent of the complex touch tasks and 63 or 78.75 per cent of the simple touch tasks. Associate degree students believe the practical students would prefer baccalaureate degree graduates for the complex administrative tasks with 42 or 52.5 per cent assigned to them, any type of nurse for the simple administrative tasks and diploma graduates for 37 or 46.25 per cent of the technical tasks. (Appendix C)

In the actual hospital environment, termed reality, the associate degree students see the diploma graduates performing 176 or 36.66 per cent of the total tasks which is the largest number assigned. Practical nurses perform the next largest number, 62 or 26.46 per cent, but mainly the touch tasks. (Appendix C) The associate degree students believe the registered nurses with associate degrees perform only 77 or 16.04 per cent of the total tasks and the baccalaureate degree graduates 62 or 12.91 per cent of the tasks.

Again, a small per cent of the associate degree students indicated they believed the other groups would select more than one type of nurse to perform the task. The largest number, 19 or 4 per cent, was the selection of any type of registered nurse by the baccalaureate degree students and the practical students. The associate degree students indicated that they thought that any type of registered nurse actually performed 20 or 4.17 per cent of the tasks in reality. However, most of this percentage reflected the responses of one student to several items. (Appendix C)

Table 11. Comparisons of Percentages of Associate Degree Students' Assignment of Tasks to the Four Types of Nurses with Assignments Associate Degree Students Attributed to Baccalaureate Degree, Diploma, Practical Nurse Students and to Reality

Person to Whom Task Assigned*	Per Cent of Associate Degree Students' Assignments				
	Associate Degree (self)	Bacca-laureate Degree	Diploma	Practical Nurse	Reality
(1)	(2)	(3)	(4)	(5)	(6)
0.....	17.3	47.2	11.04	18.54	12.91
1.....	6	17	55.83	23.7	36.66
2.....	56.2	13.5	10.21	16.9	16.04
3.....	14	16.67	17.29	30	26.46
0-1-2.....	4	4	2.71	4	4.17
1-2.....	2.08	1	2.29	1.25	2.29
2-3.....		.21	.21		.21
1-2-3.....	.21	.21	.21	.4	.21
0-1-2-3...	.21				.42
NR.....		.21	.21	.21	.63
Total	100	100	100	100	100

- \* 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with diploma  
 2- Registered nurse with associate degree  
 3- Practical nurse  
 NR- No response

### Summary of the Findings

The purpose of this study was to explore that part of the world of nursing which is constituted by the web of interrelationships which bind together the members of the nursing universe, the types of nurses, as they are seen through the eyes of seniors in schools of each type. It was proposed that this could be done by describing the patterns of professional identifications in which the students perceive they stand and that this could be done by identifying the students' ideals and perceptions of each others' ideals on the controversial question of the professional status of nursing.

Thus the problem could not be stated as a hypothesis to be tested but as a series of questions whose exploration it was hoped would give insight into this part of the students' professional world. The first three questions the study asked were concerned with the data from the professionalization scales. The first question was "what is the ideal senior students in baccalaureate degree, associate degree, diploma, and practical schools of nursing have as to the professional status of nursing?" The analysis of the data shows that senior students in the baccalaureate degree school hold the most professional ideal and believe nursing should achieve more professionalization than it actually has. The students in the associate degree programs ideals were more traditional than the baccalaureate degree students but still fairly professional in orientation. The associate degree students also believed nursing should become more professional than it is. The diploma students' ideals were the most traditional in orientation and agreed with their perception of the actual status of nursing, indicating

they are satisfied with the degree of professionalization nursing has achieved.

The second question relating to the professionalization scales was "what ideals do the students attribute to each other?" The baccalaureate degree seniors attributed ideals which were more traditional than their own to all the other groups. The baccalaureate degree students attributed very similar ideals to diploma students and associate degree students, ideals which they believe are in agreement with the actual status of nursing. The practical nurses, according to baccalaureate degree students, are the most traditional in their professional orientation and also feel nursing is too professionalized.

The seniors in the diploma granting school attributed ideals to baccalaureate degree and associate degree students which were more professional than their own and more professional than the degree of professionalization they think nursing has in the real world. Diploma students, like baccalaureate students, also believed the practical nurses are too traditional in orientation.

Seniors in the associate degree program attributed more traditional ideals to the baccalaureate students than the baccalaureate degree students claimed or were attributed by diploma students. Associate degree students also believed the diploma students are more traditional in orientation than themselves and believed the diploma students are satisfied with the real world. Associate degree students believed the practical nurse students are more traditional in their orientation than the other three types of students and that practical nurse students also think nursing should be more traditional than it is.

The third question was "what is the pattern of professional identifications and distances between the students' own ideal, the ideals attributed to them and to each other?" Analysis of the baccalaureate degree students' own mean score with scores they attributed to the other students on the professionalization scales shows that the baccalaureate degree students, the most professionally oriented group, view themselves as standing alone in their professional world. The significant differences between the baccalaureate degree students' highly professional ideal and the more traditional ideals they attributed to the other types of students indicates the baccalaureate degree students do not identify with any of them. Associate degree, diploma and practical nurse students are all too traditionally oriented according to the baccalaureate degree students and do not accord to nursing the professional status the baccalaureate degree students believe it should have. Also, there was a significant difference between the baccalaureate degree students' ideal and their perception of the real world indicating a professional distance exists. Nursing is, in reality, not as professional as the baccalaureate degree students believe it should be.

The baccalaureate degree students believe a professional identification exists between the diploma and associate degree students. Baccalaureate degree students also believe the associate degree and diploma students' ideals agree with the actual degree of professionalization in nursing. The more traditional practical students, as viewed by baccalaureate degree students, maintain professional distances with everyone. The practical nurses are also seen by baccalaureate students

as maintaining a professional distance with their perceptions of reality indicating the baccalaureate students believe the practical students would like nursing to be less professional than it is. Figure 1 illustrates the pattern of professional identifications and distances which compose the baccalaureate degree students' perceptions of the world of nursing.

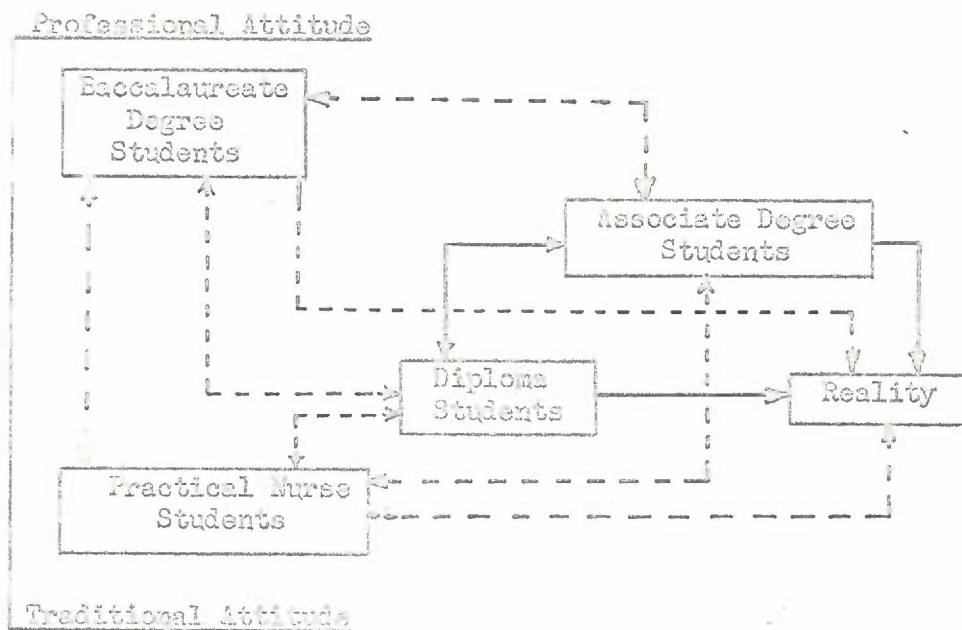


Figure 1. Patterns of Professional Identifications and Distances Baccalaureate Degree Students Believe Exist between Themselves, the Other Types of Students and Reality

Solid line: Professional Identification  
 Broken line: Professional Distance



Comparisons of the diploma students' mean score on the professionalization scales, which represents their professional ideal, with the scores diploma students attributed to the other three types of students indicates they do not identify with any of them. The diploma students are moderately traditional in their professional orientation and maintain professional distances with the baccalaureate degree and associate degree students, both of whom, according to the diploma students, want nursing to be too professionalized.

The practical nurse students are viewed by the diploma students as too traditionally oriented and thus maintain a professional distance with them. The diploma students are apparently satisfied with the current status of nursing for they believe their own ideal agrees with the actual degree of professionalization nursing has achieved. The diploma students also believe they are the only ones satisfied with the degree of professionalization in nursing.

The diploma students visualize a professional identification existing between the baccalaureate degree students and the associate degree students. However, the more traditional practical nurse students are believed by the diploma students to maintain professional distances with the other three groups.

Figure 2 illustrates the pattern of professional identifications and distances which compose the diploma students' perceptions of the world of nursing.

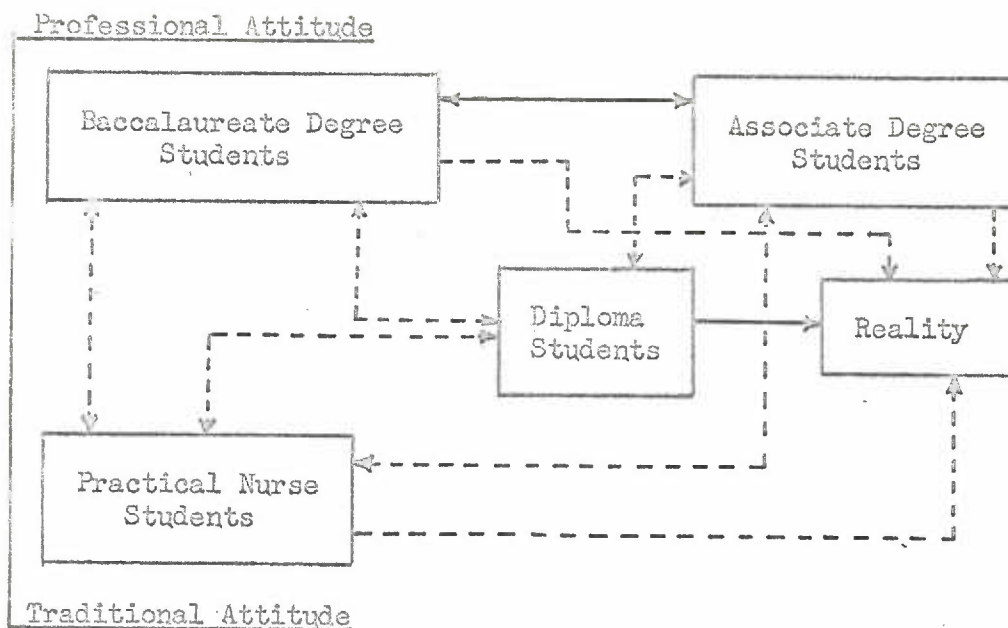


Figure 2. Patterns of Professional Identifications and Distances Diploma Students Believe Exist Between Themselves, the Other Types of Students and Reality

Solid line: Professional Identification  
 Broken line: Professional Distance

The associate degree students' professional ideal on the professionalization scales was moderately professional but they maintain a professional distance with the baccalaureate degree students who associate degree students believe are too professionally oriented. The associate degree students identify with the ideals they attribute to the diploma students. They also believe the diploma students' ideal agrees with the actual status of nursing but even though the associate degree students identify with the diploma students they themselves believe nursing is actually too traditional. The associate degree students do not think the diploma students identify with anyone else.

The students in the associate degree program view professional distances existing between the baccalaureate degree students and the

other three types of students, all of whom the baccalaureate degree students are visualized as believing are too traditional in orientation. The practical nurse students are also believed by the associate degree students to maintain professional distances with everyone else and the real world as the practical students want less professionalization in nursing than anyone else, or than it has already achieved.

Figure 3 illustrates the perceptions associate degree students have of the professional identifications and distances composing the world of nursing.

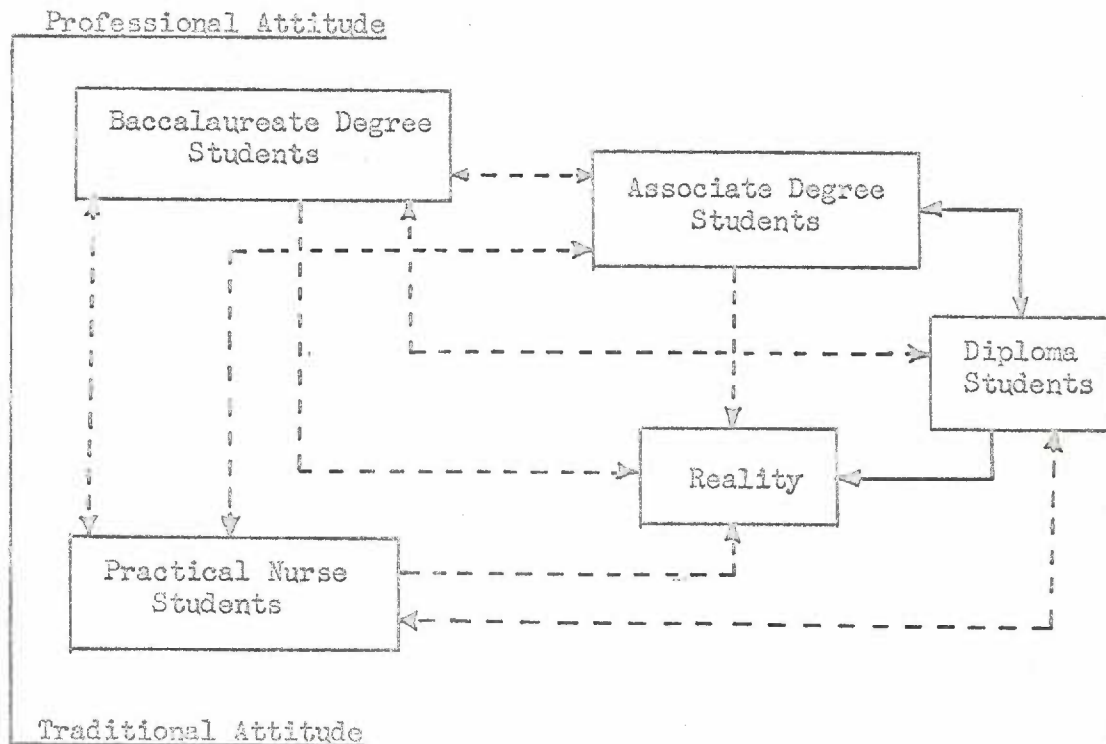


Figure 3. Patterns of Professional Identifications and Distances Associate Degree Students Believe Exist between Themselves, the Other Types of Students and Reality

Solid line: Professional Identification  
 Broken line: Professional Distance

The total pattern of professional identifications and distances shows that the three groups of students appeared to have fairly accurate insight into each others' ideals. The ideals each group claimed were very close to the ideals the other two groups attributed to them. The only exception was that the diploma students were attributed a significantly more professional ideal by the associate degree students than they actually held.

All three types of students attributed the most professional ideal to baccalaureate degree students, then associate degree students, diploma students and the most traditional ideal to the practical nurse students.

The three groups of students' perceptions of the actual professional status of nursing were almost identical and all of them believed the real world or actual degree of professionalization in nursing was in agreement with the diploma students' ideal. Figure 4 illustrates the total pattern of professional identifications and distances existing in the occupational world of nursing as viewed by all the three types of students.

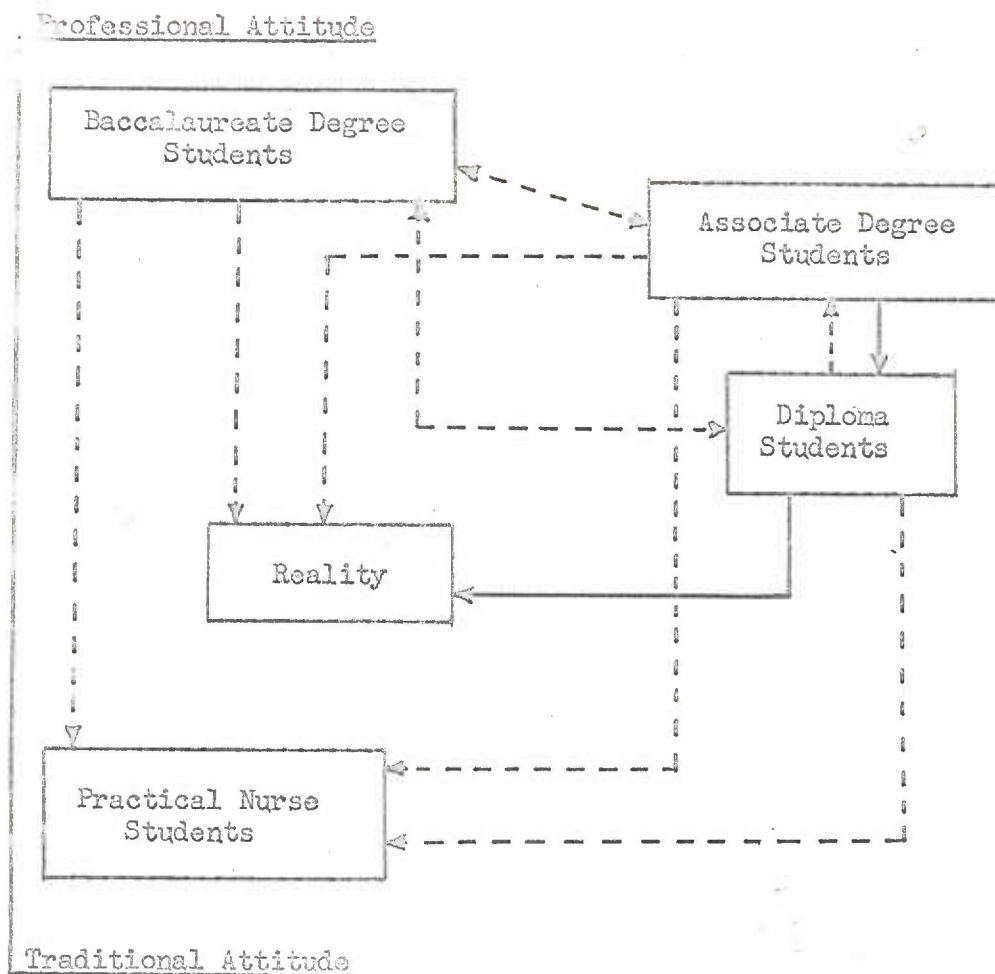


Figure 4. Composite of Patterns of Professional Identifications and Distances Composing the Occupational World of Nursing as Viewed by Baccalaureate Degree, Diploma and Associate Degree Students

Solid line: Professional Identification  
 Broken line: Professional Distance

The next three questions were related to the assignment of task scales. The first question was "what is each group's ideal as to the assignment of administrative, technical and touch functions common to nursing?" Analysis of the data revealed that the baccalaureate degree students claimed only two-fifths of the total tasks. Whereas baccalaureate degree students did not claim specifically all of any one type of

task, they did assign a fairly large number of all three types of complex tasks to a registered nurse with a baccalaureate degree. On the whole the tasks did not seem to be assigned to any one type of nurse by the baccalaureate degree students.

The diploma students did not claim a specific task type. Instead, the diploma students believed the registered nurse with a diploma should ideally perform the majority of five types of tasks. The only exception was that the diploma students preferred practical nurses for simple touch tasks. The registered nurses with a baccalaureate degree or an associate degree were assigned very few of the nursing tasks by the diploma students.

The associate degree students claimed approximately three-fourths of the simple technical and complex touch tasks. Also, the associate degree students claimed a large percentage of every type of task. Associate degree students would have the nurse with a diploma perform very few tasks and of no particular type. The practical nurses would be assigned little other than the simple touch tasks by associate degree students and the baccalaureate degree nurses approximately one-half of the complex administrative tasks.

Thus in summary, none of the students appeared to have an ideal concept of nursing which would delineate specific functions to each of the four types of nurses.

The second question relating to the assignment of tasks was "what type of nurse does each group attribute to each other as preferred to perform the six types of tasks?" Here again, there was no indication of any clear demarcation in the task assignments. Rather, each group

of students believed each other type would prefer themselves for the majority of tasks. The data suggested the students believed the practical nurses would show slight preference for graduates with a diploma. The associate degree students believed the diploma and baccalaureate degree students would not prefer a nurse with an associate degree for any tasks and the data confirms that the diploma and baccalaureate degree students also believed no group would assign associate degree nurses any tasks.

The third question relating to the assignment of task scales is "what is the pattern of agreement and differences between a group's ideal, attributed ideal and ideals they attributed to each other?" The total scores in the assignment of task scales again showed an agreement between each group's self score and the scores they were attributed by each other. This indicates the students, as on the professionalization scales, have insight into each others' ideals. In all the groups the mean scores on the assignment of task scales were similar to the professionalization scales in that all groups attributed the lowest score to the baccalaureate students. However, the associate degree students were assigned the highest scores on the assignment of task scales in contrast to the professionalization scales where the practical nurses were assigned the highest score. Upon comparing self scores with attributed scores it again becomes apparent there is no differentiation between the four types of nurses in regard to the functions they believe they should be prepared to perform. There appears to be no order or hierarchy of tasks. Rather, the task assignment can best be described as competitive with each group believing the other groups

would claim the most tasks.

Interpretation of the findings.--- One of the findings of the study was that the baccalaureate degree students maintained professional distances with the other three types of students and with their perceptions of the status of nursing. In Vaillot's study, the baccalaureate degree students maintained wide distances with their teachers, who were regarded as being too professional and with the head nurses, physicians and patients who were all considered to be too traditional in orientation. Thus, the combined findings of the two studies would indicate that the ideals of baccalaureate degree students are in conflict with those of all other important members of their world as well as with the real situation in nursing today. (25)

One of the characteristics of the nursing profession as defined here and used as the basis of the professionalization scales is that nursing is founded on a broad scientific base transmitted in institutions of higher learning. Since the baccalaureate degree students' ideals in relation to the professional status of nursing are highly professional it would be expected that they would claim a large number of the tasks which compose the nursing world. However, the baccalaureate degree students' ideals on the professionalization scales are contradictory to the findings in the assignment of task scales for they claim only 40 per cent of the total tasks and see themselves performing only 11 per cent of the tasks in reality. Also, the baccalaureate degree students believe the other types of students would not prefer them for any tasks.

If nursing were to achieve the professionalization the baccalaureate



degree students want, then one of the conditions would be an education in an institution of higher learning for the professional nurse. The baccalaureate degree students claim that they want more professionalization for nursing yet they do not visualize themselves performing the functions that compose nursing.

This would seem to suggest many questions applicable to nursing education, such as "what is the baccalaureate degree students' definition of nursing? What tasks do baccalaureate degree students see themselves doing in reality and what do baccalaureate degree graduates think they should be doing? Is the professional world of nursing favorable to the commitment of the nurse with a baccalaureate degree?" It would seem their highly professional ideals would foster or spur them on to commitment but is it possible in a world where they are confused as to their role, where they claim no specific functions, and do not see themselves doing anything and do not feel that their co-workers want them?

Further study would be necessary to elicit responses to these questions. As the sample studied included only one school of each type it cannot be determined on the basis of the limited data if the responses obtained in this study would be representative of the responses of nursing students in baccalaureate degree programs in general or are unique to this particular school.

Two possible explanations occur. The first is that the baccalaureate degree students see themselves performing functions which were omitted in the assignment of task scales. The second is that perhaps the baccalaureate degree students are being educated for an ideal

professional world which does not yet exist. If so, and if, along with their ideals their education gives them a firm belief in the possibility of such a world and the basic tools necessary to change the existing professional world, then, such an education would seem to be favorable to commitment to nursing.

The diploma students also maintained wide distances with the other three types of nursing students. Students in the diploma school did identify with their perception of the actual situation indicating they are satisfied. This agrees with one of Vaillot's findings. They prefer themselves for all types of tasks and in reality claim they actually do them. (25)

Can the diploma graduates become committed in this world? Apparently they are satisfied with the degree of professionalization in nursing and quite definitely see themselves actually functioning in it, but is satisfaction favorable to commitment? Does the security that accompanies satisfaction enable the self to achieve freedom for commitment?

The question also arises, if diploma students although satisfied with the world of nursing, really can be secure in that world? As Vaillot pointed out, the diploma graduates want the prestige accorded a profession without fulfilling the requirements of a professional person in the strict sense of a full-fledged profession. Also, nursing literature indicates that nursing leaders have adopted the goal of a college education as minimal to professional nursing in this future. This goal along with the expansion of associate degree programs to prepare nurses for the technical aspects of nursing would seem to be

a threat to the diploma graduates' existence. (25,15,16)

This reemphasizes the importance of defining the roles of the various types of graduates from schools of nursing before any of them, especially the diploma graduate, can be secure in nursing.

The professional world of the associate degree students is one in which they maintain professional distances with the baccalaureate degree students and practical nurse students but identify with the diploma students. The associate degree students' ideal world is perhaps one of the most orderly worlds as their assignment of tasks indicates. The associate degree students would have baccalaureate degree graduates performing only complex administrative tasks and practical nurses only simple touch tasks. The majority of the other tasks are reserved for nurses with associate degrees. This could be construed as a three-levelled world, the professional person performing the complex administrative functions, the technical nurse themselves, and the practical nurse performing personal non-technical care.

For the associate degree students, reality contrasts sharply with their ideals. The diploma students perform too much, they themselves too little. Moreover, they do not feel any other group would assign them more than 10 per cent of the tasks. Is this professional world favorable to commitment for associate degree graduates? Their fairly high professional ideals would seem to encourage commitment, but will they do so in a world where diploma school graduates are performing tasks they claim and in a world where they do not feel that their co-workers want them?

## CHAPTER IV

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary of the Study

The problem.-- Whether or not nursing is or should be a profession is a question widely debated among nursing leaders and members of all professional groups. This question has also been shown to cause intrapersonal and interpersonal conflicts among nurses. Studies have identified two major orientations among nurses, the professional and the traditional attitudes. Many nurses fluctuate between these two orientations as indicated by studies which demonstrated that nurses' expressed ideals do not agree with their actual performance. Vailliot proposes that both orientations are equally good and that within them nurses should become committed to nursing. (25)

Thus, commitment to nursing should become a goal for nursing education and as a philosophy of commitment Vailliot proposes an application of existentialist principles. Within the philosophy of existentialism the person's situation in the world becomes important for it is within it the individual must achieve commitment. This, for student nurses, is existence in-a-professional-world and an important part of this is her Mitwelt or the world shared with others. In the Mitwelt the inter-relationships composing the occupational world of nursing become important.

May defines world as "...the structure of meaningful relationships

in which a person exists and the design of which she participates in." Thus, Milwelt is at the same time what others do to me and what I bring to others. The professional world of the nurse is constituted by the web of inter-relationships which tie her to her co-workers and by her perception of their relationships with her and one another. (25)

The purpose of this study was to explore the perceptions senior students have of the inter-relationships between the four types of nurses composing the professional world of nursing. It was proposed this could be done by identifying patterns of identifications and distances existing among the students by eliciting each type of student's ideals, the ideals they attribute to each other and the ideals they believe the other types would attribute to them.

The instruments.-- It was decided the questionnaire developed by Vaillot in Commitment to Nursing: A Philosophic Investigation could be used and permission was granted by both Vaillot and Lippincott publishers. The questionnaire was developed by Vaillot to measure students' ideals in relation to a common attribute, their professional orientations, and consisted of two sets of scales. The first part, the professionalization scales, was a series of 25 multiple choice questions. The item stems presented a debatable professional issue and the three possible answers represented a professional, intermediate or a traditional attitude. The second part, the assignment of task scales, was based on the assumption that one's professional orientation is reflected in the tasks and functions composing the professional world. There were three types of tasks, administrative, technical, and touch, and five complex and five simple tasks of each type. The

students were asked to indicate which type of nurse ideally should perform each of the tasks.

The procedure.-- The sources of data were senior students, or those within two months of graduation, from one school of each type: baccalaureate degree, associate degree, diploma, and practical nurse. An explanatory letter requesting permission to do the study was sent to the Director of Nursing Education in each school. An addressed, stamped postcard was included for the Director to return her answer. The questionnaires, answer sheets and stamped addressed envelopes for returning them were sent to the Directors of Nursing Education, who distributed them to the students. Meager responses were obtained from the diploma and practical nurse schools with no further returns from follow-up procedures. The response from the diploma school consisted of all who were available. It was necessary to omit the practical nurse students' responses from the study.

Tabulation and analysis of the data.-- The data were tabulated individually and in groups. The professionalization scales gave raw scores and mean scores which represented professional orientations. Statistical tests for significance were applied to test differences between the students' ideals which would indicate professional distances or identifications existing between the students. The assignment of task scales were tabulated individually, then in groups. An analysis of variance was done to identify sources of variance between the types of tasks and students. Frequency tabulations were made of the assignment of tasks according to the types of nurses assigned to them and the percentage values calculated.

Summary of the findings.--- The problem was stated as a series of six questions concerning the students' professional ideals. A detailed exploration of each question and a summary of the findings is found in Chapter 3. Briefly, the findings from the professionalization scales showed that all three types of students attributed the most professional ideal to the baccalaureate degree students then associate degree students, diploma students and the most traditional ideal to the practical nurse students. The groups also appeared to have insight into each others' ideals as the ideals each group claimed were very close to the ideals the other two groups attributed to them. The perceptions the three groups of students had of the actual professional status of nursing were almost identical and all of them believed the real world or actual degree of professionalization in nursing was in agreement with the diploma students' ideal.

The data from the assignment of task scales indicated that none of the three types of student nurses' concept of nursing was such that it delineated specific functions to each of the four types of nurses. Comparisons of self scores and attributed scores indicates there appears to be no differentiation between the four types of nurses in regard to the tasks they believe they should be prepared to perform. Rather, each group claims the majority of all the types of tasks. Although the associate degree students claim fifty per cent of the tasks, they do not believe any of the other types of students would prefer them to perform any tasks and the data confirm this.

### Conclusions of the Study

On the basis of the findings of the study the following conclusions have been made. However, as the number of participants in this study was small the findings can be interpreted only as applying to this study.

1. There were identifiable differences in the students' professional orientations.
2. Although there were differences in the three groups of students' professional orientations, these differences were not reflected in their conception of the tasks which compose their respective worlds. No one group claimed any tasks as uniquely its own and there was no hierarchy of tasks with respect to the four types of nurses.
3. The baccalaureate degree and associate degree students' professional ideals are in conflict with their perceptions of the current situation in nursing. The diploma students' ideals are in agreement with all three types of students' perceptions of the actual status of nursing.
4. Commitment to nursing for the baccalaureate degree students must be achieved in a world which is not as professional as they think it ought to be and where they are confused as to their role.
5. The professional world in which the diploma students must become committed is a world with which they are satisfied, a world in which they see themselves functioning. However,



the diploma student's conception of nursing does not define differences between her role and those of the nurse with a baccalaureate or an associate degree, both of whom may represent a threat to her existence.

6. Commitment for the associate degree students must be in a professional world where their perceptions of reality contrast sharply with their ideals. They view themselves as standing alone in the real world, claiming they perform very few of the tasks and believing none of the other types of nurses prefer them for any tasks.

#### Recommendations

On the basis of the findings of the study and the conclusions, the following recommendations are made.

1. A study be done to explore further the baccalaureate degree students' professional world with the purpose of understanding what they view their functions to be.
2. A study be done of the practical nurses' world with the purpose of identifying their orientation and their perceptions of their role in nursing.
3. An open ended or unstructured study be done of the four types of students with the purpose of identifying what they believe their own role to be with its tasks and what they think each other's should be.
4. A similar study be done comparing graduate nurses who have been employed some time.

5. A similar study be done of the faculty in each of the four types of nursing schools with the purpose of comparing their professional orientation and identifying differences in the roles for which they believe they are preparing their students.
6. A study be done of physicians with the purpose of eliciting their opinions of what nursing should be and their beliefs in regard to the educational preparation basic to performing nursing tasks.

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## APPENDIX A

## THE QUESTIONNAIRE, DIRECTIONS AND ANSWER SHEETS

## TEST OF INTERPROFESSIONAL RELATIONSHIPS

This is a test to estimate your ability to estimate others' opinion of nursing as a profession. There are no right nor wrong answers; you are expected to put yourselves in the place of students in college, diploma, associate degree, and practical nursing schools, and try to think of the issues proposed as they would think of them. All that the test will show will be your insight into the different ways in which different people react to the same situation.

DO NOT SIGN YOUR NAME. Information concerning yourself: age, religion, number of brothers and sisters, etc., is required because there is a possibility that such factors will influence your thinking. But who wrote what is completely unimportant. What is important is that you be as keen as you can in your evaluation.

Do not lose too much time on any item, but answer all items and give only one answer to each item for each type of student.

Age \_\_\_\_\_

Religion \_\_\_\_\_

Number of brothers \_\_\_\_\_

Sisters \_\_\_\_\_

Year of High School graduation \_\_\_\_\_

Number of years college completed \_\_\_\_\_

Years college attended \_\_\_\_\_

SECTION I  
THE PROFESSIONALIZATION SCALES

Directions for Taking the Test for Baccalaureate Degree Students

Read each item carefully, then, on the answer sheet:

1. Under column A, write in the appropriate space the number of the answer which, in your opinion, represents the ideal situation: what you think ought to be true.
2. Under column B, write the number of the answer which represents the situation that you believe students in diploma schools of nursing would consider to be ideal.
3. Under column C, write the number of the answer which represents the situation that you believe students in associate degree schools of nursing would consider to be ideal.
4. Under column D, write the number of the answer which represents the situation that you believe students in practical schools of nursing would consider to be ideal.
5. Under column E, write the number of the answer which most describes the actual situation in nursing, such as you see it; not what ought to be true, but what is true of nursing now.

## SECTION I

## THE PROFESSIONALIZATION SCALES

Directions for taking the Test for Diploma Students

Read each item carefully, then, on the answer sheet:

1. Under column B, write in the appropriate space the number of the answer which, in your opinion, represents the ideal situation: what you think ought to be true.
2. Under column A, write the number of the answer which you believe represents the situation that students in collegiate schools of nursing would consider to be ideal.
3. Under column C, write the number of the answer which you believe represents the situation students in associate degree schools of nursing would consider to be ideal.
4. Under column D, write the number of the answer which you believe represents the situation students in practical nursing schools would consider to be ideal.
5. Under column E, write the number of the answer which most describes the actual situation in nursing, such as you see it; not what ought to be true, but what is true of nursing now.



## SECTION I

## THE PROFESSIONALIZATION SCALES

Directions for Taking the Test for Associate Degree Students

Read each item carefully, then, on the answer sheet:

1. Under column G, write in the appropriate space the number of the answer which, in your opinion, represents the ideal situation: what you think ought to be true.
2. Under column A, write the number of the answer which you believe represents the situation that students in collegiate schools of nursing would consider to be ideal.
3. Under column B, write the number of the answer which you believe represents the situation that students in diploma schools of nursing would consider to be ideal.
4. Under column D, write the number of the answer which you believe represents the situation students in practical nursing schools would consider to be ideal.
5. Under column E, write the number of the answer which most describes the actual situation in nursing, such as you see it; not what ought to be true, but what is true of nursing now.

## SECTION I

## THE PROFESSIONALIZATION SCALES

## Directions For Taking The Test for Practical Nurse Students

Read each item carefully, then, on the answer sheet:

1. Under column D, write in the appropriate space the number of the answer which, in your opinion, represents the ideal situation: what you think ought to be true.
2. Under column A, write the number of the answer which you believe represents the situation that students in collegiate schools of nursing would consider to be ideal.
3. Under column B, write the number of the answer which you believe represents the situation that students in diploma schools of nursing would consider to be ideal.
4. Under column C, write the number of the answer which you believe represents the situation students in associate degree schools of nursing would consider to be ideal.
5. Under column E, write the number of the answer which most describes the actual situation in nursing, such as you see it; not what ought to be true, but what is true of nursing now.

## THE PROFESSIONALIZATION SCALES

1. People in general think of nurses as part of a:
  0. learned profession, like lawyers, physicians and teachers.
  1. profession requiring skills and some knowledge, on the same level as x-ray and laboratory technicians.
  2. profession requiring a warm heart, willing hands and a level head.
  
2. The primary responsibility of the nurse, as a member of a profession is to:
  0. improve continuously the standards of nursing practice in order to afford better care to the people.
  1. keep abreast of the progress realized in the profession in order to be a better practitioner.
  2. be such as to give efficient and warm care, in order to achieve speedy restoration of health to the patients with whom she comes in contact.
  
3. The social usefulness of an occupation largely determines whether or not it is a profession, and few would deny that nursing renders invaluable services to society. The scope of these services should be determined by:
  0. the profession itself, that knows in what measure and in what manner it can best serve society.
  1. society itself, in the persons of employers of nurses and users of nurses' services.
  2. individual nurses and their patients, who know best what relationship is most satisfying to both.
  
4. To facilitate relationships in the hospital, it would be desirable that practical nurses wear:
  0. a special uniform, setting them apart from registered nurses.
  1. a nurse's uniform, the pin of their school, but no band on their cap.
  2. the same uniform as registered nurses.
  
5. As nurses are professional women, they should be:
  0. fully responsible for the errors committed in the exercise of their profession.
  1. legally responsible only when they assume responsibility beyond their professional capacity.
  2. legally protected by the doctors and the hospital administrators under whom and for whom they work.

6. In order to give the best possible nursing care, taking into account the emotional and the spiritual needs of the patient, as well as his physical needs, the necessary basis for a professional nursing education is:
  0. a sound knowledge of social sciences, like sociology, and psychology, as well as of biologic sciences.
  1. some scientific knowledge, supplemented with clinical experience.
  2. a natural ability to sympathize with the patient, developed and re-inforced by adequate clinical experience.
7. The "Code for Professional Nurses," prepared by the Committee on Ethical Standards of the American Nurses' Association, states that nurses should not accept tips or bribes. The reason for it is that:
  0. professional persons are entitled to a just compensation and should not have to depend upon extra income from those to whom they minister.
  1. it is beneath the dignity of professional persons to put themselves on the level of maids or waitresses.
  2. those nurses who made the Code are the ones who get fat salaries, and they do not always understand the needs of the rank and file.
8. Nursing programs administered by educational institutions (colleges and school departments) might graduate students needing a longer initial orientation period at the bedside than hospital schools, whose graduates have had ample practice. This is:
  0. as it should be: professional schools are supposed to give a sound basis of scientific principles but not an apprenticeship.
  1. to be expected. But it would be desirable that hospital schools stress theory more, and college and school departments give more actual practice.
  2. wrong: both the hospital as an employer, and the patient are entitled to the best of service on the nurse's part from the first day she is hired.
9. Nurses as professional persons should receive a salary in keeping with their professional status. Consequently:
  0. there should be much more difference than there is now between the salaries of nurses having a degree and those who do not.
  1. the difference between nurses' salaries should be based on merit rather than on preparation.
  2. nurses doing the same work should receive the same salary, be they registered or practical nurses.

10. The custom demanding that nurses rise to their feet for physicians should be:
  0. abolished, because nurses are no longer the servants of the physicians, but their equal, their colleagues and their helpmates.
  1. continued only in the case of women physicians.
  2. continued because it symbolizes the fact that physicians are the ones who bear the responsibility of patients' care.
  
11. The licensure of graduate nurses depends entirely upon a battery of pencil-and-paper tests, prepared by the National League for Nursing. Such a procedure is:
  0. satisfactory, because it tests adequately the intellectual aspects of nursing, fundamental for a profession, and upon which practice can easily be built.
  1. satisfactory, for only graduates from state-approved schools can take the tests, and their clinical experience must have been adequate for their school to be approved.
  2. unsatisfactory, because many graduates can be very good in theory and not good at all at the bedside.
  
12. To make sure that the student's assignments in the hospital will be determined by her educational needs rather than by the needs of the hospital for service, the nursing program should be:
  0. administered by an educational institution, and the student should pay for all parts of it, including hospital practice.
  1. accredited and controlled by the nursing profession, no matter what its administration is.
  2. administered by a service institution, as a hospital, which would pay the students for the services they render.
  
13. Selection of well-qualified applicants to schools of nursing is the most promising way to improve professional standards. Consequently, schools should accept only those candidates who are:
  0. intellectually superior, and able to carry a stiff program of studies.
  1. able to master and apply the fundamental principles upon which safe nursing is based.
  2. sufficiently intelligent to understand and to follow orders.

14. In modern society, the role of the professional nurse is to:
0. plan, co-ordinate and direct all the nursing activities, aiming at the prevention of disease, the cure of illness, and the restoration of patients to social usefulness.
  1. carry out the physicians' plans for the restoration of patients' health, and observe and report changes in the patients' condition, to enable the physicians to plan their care more efficiently.
  2. give to the patient physical and emotional support, as nurses have done for centuries.
15. The results of the State Board Tests are given in standard scores. This means that success or failure depends upon what the nurse knows, but also upon what other nurses, with whom she is compared, know. Such a system of licensing nurses is:
0. good: for as schools strive to help their graduates to obtain good marks, the standards are being raised, and nursing improved as a profession.
  1. fair: the main advantage is that different schools and different states can be compared, making competition possible.
  2. bad: because it sets a premium on knowledge, to the exclusion of qualities and attitudes which are even more important for nurses.
16. In nursing practice, close nurse-patient relationship, or "tender loving care," should be:
0. carefully planned, administered and recorded by the nurse, and its results evaluated, as any other nursing treatment.
  1. an attitude carefully drilled during the course of nursing education as basic to good nursing.
  2. the spontaneous expression of the nurse's warmth and sympathy.
17. The best authorities to judge what constitutes "good" nursing care and, consequently, what should be taught in schools of nursing are:
0. nurse directors of nursing service in hospitals and other institutions where nursing care is given.
  1. physicians and employers of nurses, as well as nurses.
  2. patients, who are the ones to sense whether or not the nurse who cares for them puts her soul into it.

18. Nurses as professional persons are in a difficult economic situation: they do not share the high profits of business, and they do not have the protection of organized labor. To remedy this situation, nurses should:
0. strengthen the bargaining function of their professional organizations.
  1. be reconciled with the facts that the rewards of a profession consist in the satisfaction of knowing that one is useful to society.
  2. realize that, if their patients like them and if the doctors are well satisfied with their services, they will get a fair treatment.
19. The responsibility for setting the standards for accreditation of nursing programs should rest with:
0. the nursing profession alone.
  1. nurses, with physicians and hospital administrators.
  2. the public, with nurses, physicians and hospital administrators.
20. The nursing profession has become so complex that a certain degree of specialization within it is to be expected. Such specialization would:
0. result in better patients' care because it should be based upon advanced preparation in a college or a university for the nurse specialist.
  1. result in more efficiency; but it would also mean lack of continuity in patients' care, as many specialists would follow one another at the bedside.
  2. be very hard on both patient and nurse, for it would destroy the warm human relationship between them, which is the heart of nursing.
21. The nursing service department of hospitals and of other institutions caring for the sick should be so organized that:
0. nurses with different preparation have a different role, clearly defined, with a minimum of overlapping between their respective functions.
  1. registered nurses be helped by practical nurses.
  2. nurses, no matter what their preparation, perform the work most congenial to them and for which their personal qualifications and experience qualify them.

22. A study of the history of nursing and of the evolution of the nurse's role throughout the centuries reveal that nurses:
0. have lately become members of an autonomous profession, based upon scientific knowledge, with a clear cut role to play in society, and that they are responsible only to the profession for their professional activities.
  1. since Florence Nightingale, are no longer the obedient handmaiden of the doctors, but have become their intelligent co-workers and are prepared to assume initiative and responsibility in their collaboration with them at the bedside of the sick.
  2. in spite of changed social conditions, are now what they always were: a mother figure and a source of comfort, physical and emotional.
23. If nursing is to attain full professional status, a bachelors degree should be required from:
0. all nurses, if they are to be considered as "professional".
  1. those nurses who supervise others, like head nurses, supervisors, etc.
  2. those whose position demands special knowledge, and carries large responsibility, like directors of nursing service, educational directors, etc.
24. A professional nurse, duly licensed in the State where she practices, should be allowed to:
0. plan and carry out the total nursing care of the patients entrusted to her.
  1. plan and carry out nursing care for her patients, under the physician's supervision.
  2. carry out the nursing care planned by the physician and under his supervision.
25. Usually, the prestige accorded to nursing in the hospital is:
0. the same as that given to physicians, because nurses are as skilled and proficient in their profession as physicians in theirs.
  1. similar to that of physiotherapists, medical librarians, medical technologists, etc. because the nurses' contribution to patients' care is about the same.
  2. unique, because nurses' contribution to patients' welfare depends more upon what they are as persons than upon their professional preparation.



## SECTION I

## THE PROFESSIONALIZATION SCALES

## ANSWER SHEET

	A COLLEGE STUDENTS	B DIPLOMA STUDENTS	C ASSOCIATE DEGREE STUDENTS	D PRACTICAL NURSING STUDENTS	E ACTUAL SITUATION
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____

## SECTION I

## THE PROFESSIONALIZATION SCALES

## ANSWER SHEET

	A COLLEGE STUDENTS	B DIPLOMA STUDENTS	C ASSOCIATE DEGREE STUDENTS	D PRACTICAL NURSING STUDENTS	E ACTUAL SITUATION
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____

## SECTION II

## THE ASSIGNMENT OF TASK SCALES

## Directions for Taking the Test for Baccalaureate Degree Students

In this section of the test are listed tasks commonly performed by nurses.

1. Under column A, write 0, if you think that the task ought to be performed by an R.N. with a Bachelor degree.  
write 1, if you think that the task ought to be performed by an R.N. with a diploma.  
write 2, if you think that the task ought to be performed by an R.N. with an Associate degree.  
write 3, if you think the task ought to be performed by an LPN  
(Licensed Practical Nurse)
2. Under column B, using the same symbols, indicate the type of nurse you believe that students in diploma schools of nursing would prefer for each task.
3. Under column C, using the same symbols, indicate the type of nurse that you believe students in associate degree schools of nursing would prefer for the task.
4. Under column D, using the same symbols, indicate the type of nurse that you believe students in practical schools of nursing would prefer for the task.
5. Under column E, still using the same symbols, indicate the nurse who, in reality, performs the tasks listed.

In filling out columns A, B, C, and D, you are to suppose that the most desirable type of nurse for every given task is available. In column E, do not write what you, or others, prefer, but describe the nursing situation as you see it.

## SECTION III

## ASSIGNMENT OF TASK SCALES

## Directions for Taking the Test for Diploma Students

In this section of the test are listed tasks commonly performed by nurses.

1. Under column B write 0, if you think that the task ought to be performed by an R.N. having a Bachelor degree.  
write 1, if you think that the task ought to be performed by an R.N. with a diploma.  
  
write 2, if you think that the task ought to be performed by an R.N. with an associate degree.  
  
write 3, if you think that the task ought to be performed by an LPN (Licensed Practical Nurse).
2. Under column A, using the same symbols, indicate the type of nurse you believe students in college schools of nursing would prefer for the task.
3. Under column C, using the same symbols, indicate the type of nurse you believe students in associate degree schools of nursing would prefer for the task.
4. Under column D, using the same symbols, indicate the type of nurse you believe students in practical schools of nursing would prefer for the task.
5. Under column E, still using the same symbols, indicate the nurse who, in reality, performs the tasks listed.

In filling out columns A, B, C, and D, you are to suppose that the most desirable type of nurse for every given task is available. In column E, do not write what you, or others prefer, but describe the nursing situation as you see it.

## SECTION II

## ASSIGNMENT OF TASK SCALES

## Directions for Taking the Test for Associate Degree Students

In this section of the test are listed tasks commonly performed by nurses.

1. Under column C, write 0, if you think that the task ought to be performed by an R.N. having a Bachelor degree.  
     write 1, if you think that the task ought to be performed by an R.N. with a diploma.  
     write 2, if you think that the task ought to be performed by an R.N. with an associate degree.  
     write 3, if you think that the task ought to be performed by an LPN (Licensed Practical Nurse).
2. Under column A, using the same symbols, indicate the type of nurse you believe students in collegiate schools of nursing would prefer for the task.
3. Under column B, using the same symbols, indicate the type of nurse you believe students in diploma schools of nursing would prefer for the task.
4. Under column D, using the same symbols, indicate the type of nurse you believe students in practical schools of nursing would prefer for the task.
5. Under column E, still using the same symbols, indicate the nurse who, in reality, performs the tasks listed.

In filling out columns A, B, C, and D, you are to suppose that the most desirable type of nurse for every given task is available. In column E, do not write what you, or others prefer, but describe the nursing situation as you see it.

## SECTION II

## ASSIGNMENT OF TASK SCALES

## Directions for Taking the Test for Practical Nurse Students

In this section of the test are listed tasks commonly performed by nurses.

1. Under column D, write 0, if you think that the task ought to be performed by an R.N. having a Bachelor degree.  
     write 1, if you think that the task ought to be performed by an R.N. with a diploma.  
     write 2, if you think that the task ought to be performed by an R.N. with an associate degree.  
     write 3, if you think that the task ought to be performed by an LPN (Licensed Practical Nurse).
2. Under column A, using the same symbols, indicate the type of nurse you believe students in collegiate schools of nursing would prefer for the task.
3. Under column B, using the same symbols, indicate the type of nurse you believe students in diploma schools of nursing would prefer for the task.
4. Under column C, using the same symbols, indicate the type of nurse you believe students in associate degree schools of nursing would prefer for the task.
5. Under column E, still using the same symbols, indicate the nurse who, in reality, performs the tasks listed.

In filling out columns A, B, C, and D you are to suppose that the most desirable type of nurse for every given task is available. In column E, do not write what you, or others prefer, but describe the nursing situation as you see it.

## THE ASSIGNMENT OF TASKS SCALES

Use: 0, for a registered nurse with a bachelor's degree.  
1, for a registered nurse with a diploma.  
2, for a registered nurse with an associate degree.  
3, for a licensed practical nurse.

1. Transcribes the doctor's orders in the "Kardex," and makes out the medication cards.
2. Gives complete morning care to an unconscious patient, who has a cerebral hemorrhage.
3. Computes the dosage, measures and gives medication by "needle."
4. Administers fluids by Levin tube (a tube placed into the stomach).
5. Prepares the tray and feeds a patient too weak to do it alone.
6. Gavage a newborn infant (feeds him through a tube inserted into the stomach).
7. Helps a patient into a wheel chair, the first time he is out of bed.
8. Gives a complete bed bath.
9. Teaches a 14-year-old boy, who has been operated on because of ulcerative colitis, how to irrigate his colostomy (an opening of the intestines through the abdominal wall).
10. Helps a woman who has had a breast amputation because of cancer to exercise her arm.
11. Prepares and applies a dry sterile dressing.
12. Watches an asthmatic patient during an acute attack and administers his medication.
13. Admits a patient into the hospital unit.
14. Gives the ward report to the nurse who is reporting for duty.
15. Checks meal trays before and after meals.

16. Takes and records blood pressure, pulse and respirations.
17. Orients new nurses to the unit.
18. Checks the narcotic supply with the nurse who is going off duty.
19. "Scrubs" for surgery.
20. Prepares the assignment of duties sheet and the weekly time schedule.
21. Uses the resuscitator on a newborn infant.
22. Prepares for the night a patient on "coronary" precautions (absolute bedrest).
23. Checks the functioning of the respirator being used for a polio patient.
24. Suggests to the proper authorities practices which would result in improved patient's care.
25. Sets up the chest suction apparatus for use after chest surgery.
26. Makes the rounds with the physician.
27. Assigns their work to the other members of the nursing team and supervises them.
28. Prepares and sends the requisitions for special diets, for x-ray studies and laboratory work.
29. Inserts a nasal catheter and administers oxygen.
30. Teaches a young diabetic patient, who has had a leg amputated, how to care for her stump and how to walk on crutches.



SECTION II  
 ASSIGNMENT OF TASKS SCALES  
 ANSWER SHEET

	A COLLEGE STUDENTS	B DIPLOMA STUDENTS	C ASSOCIATE DEGREE STUDENTS	D PRACTICAL NURSING STUDENTS	E ACTUAL SITUATION
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____

SECTION II  
ASSIGNMENT OF TASKS SCALES  
ANSWER SHEET

	A COLLEGE STUDENTS	B DIPLOMA STUDENTS	C ASSOCIATE DEGREE STUDENTS	D PRACTICAL NURSING STUDENTS	E ACTUAL SITUATION
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____

APPENDIX B  
CORRESPONDENCE

Letters Requesting Permission to use Vailliot's Questionnaire

April 15, 1963

Sister Madeleine Clemence Vailliot  
Director, School of Nursing  
St. Anne's Hospital  
Fall River, Massachusetts

Dear Sister Madeleine:

As a graduate student in the University of Oregon School of Nursing, I am writing a thesis which is based on a recommendation for further study made in your study--Commitment to Nursing: a philosophic investigation. One of the suggestions you made was that a study be done investigating the beliefs which students of different types of schools of nursing have of each others' ideals, which is the purpose of my study. My faculty adviser for the study is Lucille Gregerson, Associate Professor of Nursing.

As the thesis is an attempt to answer one of the questions which you isolated in your study, and as the justification for the study lies in the philosophical interpretation you have proposed, I find it necessary to quote extensively from your study in the development of the problem. Therefore, I would like to request your permission to do so. As the amount of material quoted is too lengthy to be included in a letter, I would be happy to send you a copy for your approval, if you deem it necessary. However, at this time, I am uncertain as to the number of quotations I will find it necessary to include in the completed study.

Also, after giving the problem of an instrument serious thought, I believe that the re-use of the instruments you developed for your study would fulfill your recommendation and increase the value of my study. Therefore, I would like to request your permission to copy the Professionalisation Scales and the Assignment of Tasks Scales you developed and adapt them to my problem. The instruments would necessarily require modifications in the directions for the test, however, the main body of the questionnaire--the items composing it--would be copied as printed.

I am also writing to the publishers of your study, J. B. Lippincott Company, for permission to copy your questionnaire and to make the necessary quotations. As I find myself very interested in this problem, I sincerely hope that you will give me your permission to proceed as planned. To save your time, please return this letter in the enclosed stamped, self addressed envelope.

Sincerely yours,

---

Marilyn Dinohart, R.N.  
2544 N. W. Marshall  
Portland 10, Oregon

Miss Dinohart is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Miss Dinohart will be greatly appreciated.

---

Lucille Gregerson  
Thesis Adviser

You have my permission to copy the questionnaire as requested in this letter.

(Signed) \_\_\_\_\_  
Sr. Madeleine Clemence

You have my permission to quote as requested in this letter.

(Signed) \_\_\_\_\_  
Sr. Madeleine Clemence

April 15, 1963

J. B. Lippincott Company  
Publishers  
East Washington Square  
Philadelphia, Pennsylvania

Gentlemen:

As a graduate student in the School of Nursing of the University of Oregon, I am writing a thesis which is based on a recommendation for further study made by Sister Madeleine Clemence Vaillot in her study, Commitment to Nursing: a philosophic investigation, 1962, on which you hold the copyright. The thesis will be an unpublished study written as a requirement for a Master's degree. My faculty adviser for the study is Associate Professor Lucile Gregerson.

I would like to request your permission to copy the questionnaire printed in the appendix, which includes the Professionalization Scales and the Assignment of Tasks Scales. Adaptation to my study would require changes in the directions for taking the test, but the main body of the questionnaire--the items composing it--would be copied as printed.

I believe I will also find it necessary to include numerous quotations from the book in my study and would like to request your permission to do so. However, at this time, the amount of material I will find it necessary to quote in the finished manuscript is indefinite. Thus, at a later date, if you deem it necessary, I will send you complete information on the quotations I wish to include.

Full credit will be given in my manuscript to the author and to the publisher in connection with each quotation or adaptation.

Will you kindly indicate, in the space provided below, that I have your permission to copy the questionnaire. Also, would you indicate your permission to quote, and whether this is to be subject to your later approval?

To save your time, please return this letter in the enclosed stamped, self addressed envelope.

Sincerely yours,

---

Marilyn Dinchart, R.N.  
2544 N.W. Marshall  
Portland 10, Oregon

Miss Dinchart is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Miss Dinchart will be greatly appreciated.

---

Lucile Gregerson  
Thesis Adviser

You have our permission to copy the questionnaire as requested in this letter.

(Signed)

---

Barton H. Lippincott  
Editor, Nursing Books  
(Official Position)

You have our permission to quote as requested in this letter.  
(as long as the study remains unpublished) B.H.L.

(Signed)

---

Barton H. Lippincott

---

(Official Position)

You have our permission to quote, providing our approval is given upon receipt of complete information of the material to be quoted.

(Signed)

---

Sr. Madeleine Clemonce

## Correspondence to Participating Schools

May 8, 1963

Director of Nursing Education  
School  
Address

Dear Sir:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of the beliefs senior students, or those who are near the completion of their program, in collegiate, diploma, associate degree and practical schools of nursing have of each others' ideals regarding the professional status of nursing. The seniors or the class which will graduate within the next few months, in your school, are invited to participate. It will involve completing a simple questionnaire. A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with the study. A mutually satisfactory date will be arranged for coming to your school to administer the questionnaire which can be completed in an hour.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School.

Yours Sincerely,

---

Marilyn Dinehart  
2544 N.W. Marshall  
Portland 10, Oregon

Miss Dinehart is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Miss Dinehart will be greatly appreciated.

---

Lucille Gregerson  
Thesis Adviser

A postcard with the following information was included in the previous letter:

The \_\_\_\_\_ School of Nursing

Will not participate in your study \_\_\_\_\_

Will participate in your study \_\_\_\_\_  
 Number of senior students \_\_\_\_\_

(Signed) \_\_\_\_\_  
 Title

Date

Director of Nursing Education  
 School  
 Address

Dear Sir:

I am writing in regard to the study I am undertaking, in which you have given permission for your graduating students to participate. As I found the other schools involved preferred to administer the questionnaire at their own convenience, I have sent you x number of copies of the questionnaire.

I wish to point out there are two parts to the questionnaire, the test itself and a set of answer and direction sheets. The test itself is also composed of two sets of items, and for each the directions and answer sheets are appended. The students need only return the answer sheets in the attached, addressed, stamped envelopes.

I wish to thank you very much for your cooperation and please thank the students for me.

Sincerely,

\_\_\_\_\_  
 Marilyn Dickhaut



## APPENDIX C

## RAW DATA

Key: a- age  
 b- religion  
 c- number of brothers  
 d- number of sisters  
 e- year of high school graduation  
 f- number of years college completed

## Professionalization Scales

Baccalaureate Degree Students raw scores:

No.	a	b	c	d	e	f	Self	Diploma	Associate Degree	Practical Nurse	Reality
1	22	P	1	0	58	5	18	31	18	41	27
2	21	C	1	3	59	4	5	25	41	45	13
3	21	C	3	0	59	4	4	12	2	16	19
4	22	C	2	0	59	4	0	21	25	42	29
5	21	P	1	0	59	4	12	18	11	34	22
6	21	C	3	1	59	4	6	25	18	40	14
7	22	C	2	0	58	6	10	15	24	38	24
8	23	C	7	1	58	5	6	31	38	39	24
9	22	C	1	2	59	4	11	23	28	29	12
10	20	C	2	3	59	4	5	24	27	36	17
11	25	C	0	0	55	6	9	30	29	41	27
12	22	C	2	0	59	4	6	21	18	32	31
13	21	C	0	0	59	4	5	19	21	30	19
14	22	C	2	3	59	4	9	19	18	31	26

No.	a	b	c	d	e	f	Self	Diploma	Associate Degree	Practical Nurse	Reality
15	21	C	1	1	59	4	10	20	23	29	23
16	21	C	6	1	59	4	5	10	10	11	11
17	22	C	1	2	59	4	6	24	14	29	20
18	30	C	1	3	51	10	20	32	20	36	19
19	22	C	3	1	59	4	6	21	26	29	23
20	22	P	0	1	59	4	6	22	24	24	30
21	21	C	1	0	59	4	10	20	20	31	25
22	22	C	1	1	59	4	7	16	14	22	17
23	22	C	0	1	59	4	11	18	21	31	17
Sum of total scores							137	497	490	737	489
Mean Score for Class							8.13	21.61	21.3	32.04	21.26

Diploma Students raw scores:

No.	a	b	c	d	e	f	Self	College	Associate Degree	Practical Nurse	Reality
1	20	P	4	1	61	0	23	8	17	40	19
2	21	P	1	0	59	2	19	16	16	19	17
3	20	P	1	0	61	0	21	6	11	47	25
4	19	P	0	0	61	0	22	8	8	28	22
5	21	C	1	0	60	0	31	19	7	36	26
6	20	P	2	1	60	0	24	12	9	30	21
7	22	P	0	0	59	1	24	13	20	34	22
8	22	P	0	1	59	1	22	3	23	47	32
9	22	P	0	3	60	1	17	8	7	36	22

Diploma Students (continued)

No.	a	b	c	d	e	f	Self	College	Associate Degree	Practical Nurse	Reality
10	20	P	0	2	60	0	21	5	12	21	24
11	21	P	0	2	60	0	22	8	32	43	22
12	22	P	0	6	59	0	20	6	7	29	25
13	21	P	1	1	59	1	23	9	22	33	22
14	21	P	2	0	61	0	30	28	15	29	25
15	20	P	1	1	60	2	19	1	21	46	26
16	23	P	1	0	58	2	20	9	11	29	24
Sums of total scores							356	159	238	547	374
Mean scores for class							22.5	9.94	14.87	34.19	23.37

Associate Degree Students raw scores:

No.	a	b	c	d	e	f	Self	College	Diploma	Practical Nurse	Reality
1	55	C	2	2	26	2	10	5	19	38	20
2	51	P	0	1	--	3	21	31	7	36	21
3	20	P	1	1	60	3	10	9	10	23	19
4	21	C	1	0	59	4	16	11	13	21	19
5	21	P	0	1	59	4	21	26	20	24	21
6	20	K	1	1	61	2	11	6	27	28	24
7	23	P	0	1	57	5	12	1	22	34	27
8	23	C	8	7	--	3	20	12	21	32	21
9	34	C	0	1	46	2	27	6	22	36	28
10	28	P	0	1	52	4	13	9	13	21	16

Associate Degree Students (continued)

No.	a	b	c	d	e	f	Self	College	Diploma	Practical Nurse	Reality
11	20	P	2	0	60	2	24	20	24	28	21
12	21	P	1	1	59	2	13	7	17	30	22
13	21	C	0	2	60	2	23	7	22	37	25
14	36	P	0	0	45	2	17	11	16	23	21
15	24	P	0	1	57	6	11	6	20	26	13
16	20	P	0	1	61	2	17	12	31	42	28
Sums of Scores							266	179	309	479	346
Mean scores for class							16.52	11.19	19.31	29.94	21.62

Assignment of Task ScalesBaccalaureate Degree Students raw scores:

No.	a	b	c	d	e	f	Self	Diploma	Associate Degree	Practical Nurse	Reality
1	22	P	1	0	58	5	24	38	42	48	30
2	21	C	1	3	59	4	30	45	59	49	46
3	21	C	3	0	59	4	31	39	45	56	50
4	22	C	2	0	59	4	36	45	54	58	54
5	21	P	1	0	59	4	25	36	53	33	45
6	21	C	3	1	59	4	29	37	62	41	31
7	22	C	2	0	58	6	35	38	38	39	50
8	23	C	7	1	58	5	46	62	72	79	61
9	22	C	1	2	59	4	31	34	32	35	38
10	20	C	2	3	59	4	36	43	40	38	44

Baccalaureate Degree Students (continued)

No.	a	b	c	d	e	f	Self	Diploma	Associate Degree	Practical Nurse	Reality
11	25	0	0	0	55	6	29	45	66	49	48
12	22	0	0	0	59	4	30	40	42	42	42
13	21	0	0	0	59	4	36	45	54	55	53
14	22	0	2	3	59	4	42	45	49	49	46
15	21	0	1	1	59	4	10	37	40	37	44
16	21	0	6	1	59	4	36	46	35	33	44
17	22	0	1	2	59	4	42	48	68	48	54
18	30	0	1	3	51	10	47	38	60	52	53
19	22	0	3	1	59	4	49	55	54	55	57
20	22	P	0	1	59	4	53	62	65	68	71
21	21	0	1	0	59	4	24				39
22	22	0	1	1	59	4	54				57
23	22	0	0	1	59	4	29				45
Sum of total scores							106	935	1087	1020	1102
Mean score for class							44.96	44.55	51.76	48.62	47.91

## Diploma Students raw scores:

No.	a	b	c	d	e	f	Self	Baccal- aureate	Associate Degree	Practical Nurse	Reality
1	20	P	4	1	61	0	47	43	54	68	45
2	21	P	1	0	59	2	40	20	57	41	44
3	20	P	1	0	61	0	42	32	51	50	46
4	19	P	0	0	61	0	42	28	56	50	48
5	21	C	1	0	60	0	34	42	38	41	36
6	20	P	2	1	60	0	37	32	42	36	38
7	22	P	0	0	59	1	41	41	42	41	40
8	22	P	0	1	59	1	38	29	61	52	44
9	22	N	0	3	60	1	46	32	56	46	44
10	20	P	0	2	60	0	52	51	65	59	62
11	21	P	0	2	60	0	35	27	55	51	40
12	22	P	0	6	59	0	36	27	55	45	42
13	21	P	1	1	59	1	46	31	68	73	48
14	21	P	2	0	61	0	56	51	58	56	51
15	20	P	1	1	60	2	47	28	65	69	48
16	23	P	1	0	58	2	46	34	54	66	50
Sums of total scores							685	548	875	644	726
Mean Scores for class							42.81	34.25	54.69	52.75	45.37

Associate Degree Students this year:

No.	a	b	c	d	e	f	Self	Bacca- laureate	Diploma	Practical Nurse	Reality
1	55	C		2	26	2	42	28	40	47	46
2	51	P	0	1	--	3	59	49	49	70	53
3	20	P	1	1	60	3	59	41	45	57	55
4	21	C	1	0	59	4	56	23	41	48	47
5	21	P	0	1	59	4	62	60	61	62	62
6	20	N	1	1	61	2	49	15	40	50	37
7	23	P	0	1	57	5	60	32	44	53	44
8	23	C	8	7	--	3	59	39	56	63	67
9	34	C	0	1	46	2	25	10	32	34	46
10	28	P	0	1	52	4	51	26	36	33	35
11	20	P	2	0	60	2	53	42	44	60	57
12	21	P	1	1	59	2	47	20	28	35	36
13	21	C	0	2	60	2	46	42	33	43	49
14	36	P	0	0	45	2	56	16	32	59	55
15	24	P	0	1	57	6	52	40	44	41	41
16	20	P	0	1	61	2	66	21	43	49	48
Sums of scores							842	504	668	804	778
Mean Scores for class							56.62	31.5	41.75	50.25	48.62

Frequency tabulations, assignment of task scales

Key: 0- Registered nurse with baccalaureate degree  
 1- Registered nurse with a diploma  
 2- Registered nurse with an associate degree  
 3- Practical nurse  
 4- Ward clerk  
 5- Doctor  
 NR- No response

Baccalaureate degree students: column 4, their self ideal

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Adminis- trative Complex	14	17	5						1						
	17	19	2			1	1								
	20	15	4		1	1									2
	26	16	3			2	1		1						
	27	19		1		3									
	Sum	86	14	1	1	7	2		2						2
Adminis- trative Simple	1	1	3	1	11	1							2		4
	15	1	1	2	13					1		1	2		2
	18	13	5	1		1	1		2						
	24	18	2			2		1							
	28		2	1	12	1							4		3
	Sum	33	13	5	36	5	1	1	2	1		1	6		9
Techni- cal Complex	6	13	6			3			1						
	12	17	2			1			3						
	21	20	1			2									
	23	15	4	1		3									
	25	11	7	1		2			1						1
	Sum	76	20	2		11			5						1



Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Technical Simple	3	4	13	2		1			3						
	4	3	6	5	4	1			2						2
	11	4	9	4	2				4						
	19	2	5	4	8	1	1		1		1				
	20	2	11	6	1		1	2							
Sum	15	44	21	15	3	2	2	10		1					2
Touch Complex	2	8	8		1	1			1						
	9	19	1			1			2						
	16	1	4	7	9			1		1					
	22	2	8	6	3		1			1		1	1		
	30	16	2	1		4									
Sum	76	23	18	13	6	1	1	3	2		1	1			
Touch Simple	5	1			20					1			1		
	7	6	1	6	4	1			1	1		1			2
	10	10	7	2	2				1	1					
	8	1		3	18					1					
	13	5	4	2	11					1					
Sum	23	12	13	55	1			2	5		1	1			2
Total	Sum	279	126	60	120	33	6	4	24	8	1	3	10	1	14

Baccalaureate degree students: column B, their perceptions of diploma students' meals

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Adminis- trative Complex	14	1	16	1						3					2
	17	4	14		1	1	1								2
	20	4	15			1	1								2
	26	3	15	1		2	1								1
	27	3	14	1		2	1								2
	Sum	15	74	3	1	6	4		3						9
Adminis- trative Simple	1		19	1	1	1									1
	15		2	2	12					1		1	2		3
	18	3	16	1				1	1						1
	24	5	12		1	2		1							2
	28		11		5	1							3		3
	Sum	8	58	4	19	4		2	1	1		1	5		10
Techni- cal Complex	6	2	15			4									2
	12	2	15	1		1			3						1
	21	6	13			1	1								2
	23	1	18			2									2
	25	2	13	1	1	1			1					2	2
	Sum	13	74	2	1	9	1		4					2	9
Techni- cal Simple	3		18	2		1			2						
	4		12	5	2	1			1						2
	11		14	1	3				4						1

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Technical Simple (cont.)	19		13	3	1	1		1	1		1				2
	29		16	3	1		1		2						
	Sum		73	14	7	3	1	1	10		1				5
Tough Complex	2		13	3	4					1					2
	9	1	16	1		2			1						2
	16		6	4	10				1	1					1
	22		7	4	7		1			1		1	1		1
	30	1	16		1	3									2
	Sum	2	58	12	22	5	1		2	3		1	1		8
Tough Simple	5				19					1			1		2
	7		7	4	8					1		1			2
	10		15	1	4	1			1						
	8		1		19					1					2
	13		4		16					1					2
Sum	0	27	5	66	1			1	2	1	1	1	1	9	
Total	Sum	98	365	40	116	28	6	5	20	8	1	3	6	2	50

Baccalaureate degree students: column C, their perceptions of Associate degree students' ideals

Administrative Complex	14	4	7	7		1			2						2
	17	4	9	5	1	1	1								2
	20	6	6	5	1	1	1								3
	26	5	4	7	1	3	1								2
	27	8	1	6		2	1								2
Sum	27	20	30	31	3	8	4		2						11

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Adminis- trative Simple	1		4	14	1	1									3
	15		1	3	13					1		1	2		2
	18	5	7	6	1			1	1						2
	24	5	5	7	1	2	1								2
	28		6	3	7	1							3		3
Sum	10	23	33	23	4		2	1	1		1	5		12	
Techni- cal Complex	6	2	8	7		4									2
	12	6	6	6		1			2						2
	21	5	7	6	1	1	1								2
	23	4	6	9		1	1								2
	25	3	8	5	1	1	1		1					1	2
Sum	20	35	33	1	8	3		3					1	10	
Techni- cal Simple	3	1	7	9	1				2						3
	4	1	3	14	3				1						1
	11		6	10	2				4						1
	19		4	11	2	1		1	1		1				2
	29		7	8	3		1		2						2
Sum	2	27	52	11	1	1	1	10		1				10	
Touch Complex	2		8	10	2					1					2
	9	5	2	10		2			2						2
	16			10	10			1		1					1
	22		5	6	6			1		1		1	1		2
	30	3	6	9		3									2
Sum	8	21	45	18	5		2	2	3		1	1		9	

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Touch Simple	5			2	17					1			1		2
	7		1	8	10					1		1			2
	10	1	6	9	4				2						1
	8			4	17					1					1
	13		1	6	14					1					1
	Sum	1	8	29	62				2	4		1	1		7
Total	Sum	68	144	222	119	26	8	5	20	8		3	7	1	59

Baccalaureate degree students: column D, their perceptions of practical nurse students' ideals

Adminis- trative Complex	14	7	9	1	1				3						2
	17	6	12		1	1	1								2
	20	6	11		1	1	1								3
	26	9	7		1	3	1								2
	27	9	8	1		2	1								2
	Sum	37	47	2	4	7	4		3						11
Adminis- trative Simple	1	1	13	2	3	1									3
	15		2	1	13				1		1	2			3
	18	6	12		1			1	1						2
	24	8	5		5	2		1							2
	28		7	1	9	1							3		2
	Sum	15	39	4	31	4		2	1	1		1	5		12

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Technical Complex	6	5	8	3	1	4									2
	12	5	12	1		1			2						2
	21	7	11		1	1	1								2
	23	6	11	2		1	1								2
	25	4	11		2	1	1		1					1	2
	Sum	27	53	6	4	8	3		3					1	10
Technical Simple	3	3	11	1	3				1	1					3
	4		10	3	6				1						3
	11		9	1	7				3	1					2
	19	1	6	3	8	1		1	1		1				1
	29		10	2	6			1	1						3
	Sum	4	46	10	30	1		2	7	2	1				12
Touch Complex	2	1	9	1	9					1					2
	9	6	8	1	2	2			2						2
	16		1	3	15			1		1					2
	22		3	3	11			1		1		1	1		2
	30	6	10		2	3									2
	Sum	13	31	8	39	5		2	2	3		1	1		10
Touch Simple	5				21					1			1		
	7	1	2	3	14					1		1			1
	10		10	1	8				1	1					2
	8				21					1					1
	13		2		19					1					1
	Sum	1	14	4	83	25	7	6	17	5		1	1		5
Total	Sum	97	230	34	191	25	7	6	17	11	1	3	7	1	60

Baccalaureate degree students: column E, their perceptions of reality

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Adminis- trative Complex	14	6	14	1					2						
	17	4	16		1	1	1								
	20	9	11			1	1								1
	26	7	11	1		3	1								
	27	5	14	1		2	1								
Sum	31	66	3	1	7	4		2							1
Adminis- trative Simple	1	3	16	2		1									1
	15			2	16					1		1	2		1
	18	5	15	1				1	1						
	24	10	8		2	2		1							
	28	1	9	1	7	1							3		1
Sum	19	48	6	25	4		2	1	1		1	5		3	
Techni- cal Complex	6	2	14		2	5									
	12	2	15	1		1			4						
	21	10	10			2	1								
	23	5	14	1	1	1	1								
	25	1	16		2	1	1								1
Sum	20	69	2	5	10	3		5						1	
Techni- cal Simple	3		17	2					3	1					
	4		9	2	8				2		1				1
	11		11	1	7				2	2					
	19	1	13	2	1	2		1	2						1
	29		14	3	3			1	2						
Sum	1	64	10	19	2		2	11	3	1				2	

Task Type	Task no.	0	1	2	3	0 1	0 2	0 3	0 1 2	0 1 2 3	1 2	2 3	4	5	NR
Touch Complex	2	1	5	1	15				1						
	9		16	3		1			3						
	16		2	2	16			1		2					
	22		4	1	15					1	1	1			
	30	2	17		1	2	1								
	Sum	3	44	7	47	3	1	1	4	3		1	1		
Touch Simple	5				22					1					
	7				20					2	1				
	10		10	1	9				1	2					
	8				21					2					
	13		1		21					1					
	Sum		11	1	93				1	8		1			
Total	Sum	74	302	29	190	26	8	5	25	15	1	3	6	1	6



Associate degree students: column A, their perceptions of baccalaureate degree students' ideals

Task Type	Task no.	0	1	2	3	0	1	2	1	0	NR
						1 2	2	3	2 3	1 2 3	
Adminis- trative Complex	14	11	1	3		1					
	17	12	3			1					
	20	14	1	1							
	26	13	1	1		1					
	27	13	3								
	Sum	63	9	5	0	3					
Adminis- trative Simple	1	13		2	1						
	15	3	1	1	11						
	18	9	5	1		1					
	24	13	1	1		1					
	28	9	4	3							
Sum	47	11	8	12	2						
Techni- cal Complex	6	8	3	4		1					
	12	8	2	4		1	1				
	21	11	3			1	1				
	23	11	2	1		2					
	25	12	3			1					
Sum	50	13	9		6	2					
Techni- cal Simple	3	7	4	4		1					
	4	6	4	4	1	1					
	11	5	6	3		1	1				
	19	7	6		3						
	29	6	2	6		2					
Sum	31	22	17	4	5	1					

Task Type	Task no.	0	1	2	3	0	1	2	1	0	NR
						1	2	3	2	1	
Touch Complex	2	4	4	5	1			1			1
	9	8	3	4		1					
	16	3	3	2	8						
	22	3	4	4	4				1		
	30	10		4		1	1				
Sum	28	14	19	13	2	1	1	1		1	
Touch Simple	5		1	1	14						
	7	2	3	1	10						
	8		2		14						
	10	6	4	3	2	1					
	13		2	2	11		1				
Sum	8	12	7	51	1	1					

Associate degree students: Column B, their perceptions of diploma students' ideals

Administrative Complex	14	3	9	2	1						
	17	7	8			1					
	20	4	11	1							
	26	5	9	1		1					
	27	8	8								
Sum	27	45	4	1	3						
Administrative Simple	1	1	12	2	1						
	15		4		12						
	18	2	13			1					
	24	5	9	1		1					
	25	3	10	3							
Sum	11	48	6	13	2						

Task Type	Task no.	0	1	2	3	0	1	2	1	0	NR
						1	2	3	2	1	
						2			3	2	
Technical Complex	6	1	11	3		1					
	12		10	4		1	1				
	21	1	13			1	1				
	23	3	11			2					
	25	7	8				1				
	Sum	12	53	7		5	3				
Technical Simple	3	1	13	1			1				
	4		12	2	1		1				
	11		12	2		1	1				
	19		13	1	2						
	29		10	4			2				
	Sum	1	60	10	3	1	5				
Touch Complex	2		8	4	2			1			1
	9	1	10	4			1				
	16		6	2	8						
	22		9	1	5				1		
	30	1		10	3	1	1				
	Sum	2	43	14	15	1	2	1	1		1
Touch Simple	5		1	1	14						
	7		4	2	10						
	8		2	1	13						
	10		10	3	2		1				
	13		2	1	12	1					
	Sum		19	8	51	1	1				
Total	Sum	53	268	49	83	13	11	1	1		1

Task Type	Task no.	0	1	2	3	0 1 2	1 2	2 3	1 2 3	0 1 2 3	NR
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Associate degree students: Column C, their self ideal

Adminis- trative Complex	14	6		9		1					
	17	10	3	2		1					
	20	10	2	4							
	26	6	2	6		1	1				
	27	7	3	6							
	Sum	39	10	27		3	1				
Adminis- trative Simple	1	3		12	1						
	15		1	6	9						
	18	4	2	8		1	1				
	24	6		9		1					
	28	3	3	9	1						
	Sum	16	6	44	11	2	1				
Techni- cal Complex	6	1	2	12		1					
	12	1		13		1	1				
	21	4	1	9		1	1				
	23	5	1	8		2					
	25	8	2	5		1					
	Sum	19	6	47		6	2				
Techni- cal Simple	3	1		14		1					
	4		1	13	1	1					
	11			14		1	1				
	19	3	2	8	2		1				
	29	1		13		2					
	Sum	5	3	62	3	5	2				

Task Type	Task no.	0	1	2	3	0			1			2			3			NR
						1	2	3	1	2	3	1	2	3	1	2	3	
Touch Complex	2		1	13	1									1				
	9	1		11	2	1	1											
	16		1	10	5													
	22	1		13	1					1								
	30	2	1	10	1	1	1											
	Sum	4	3	57	10	2	2			1				1				
Touch Simple	5			4	12													
	7			7	9													
	8			4	12													
	10			13	1	1	1											
	13		1	5	9													
	Sum		1	33	43	1	2											
Total	Sum	83	29	270	67	19	10			1				1				

Associate degree students: Column D, their perceptions of practical students' ideals

Task Type	Task	0	1	2	3	0 1 2	1 2	1 2 3	0 1 2 3	NR
Adminis- trative Complex	14	7	4	4		1				
	17	9	5	1		1				
	20	11	3	2						
	26	5	6	2	1	1	1			
	27	10	5	1						
	Sum	42	23	10	1	3	1			
Adminis- trative Simple	1	6	4	3	2		1			
	15				16					
	18	4	6	5		1				
	24	5	2	4	4	1				
	28	4	8	4						
	Sum	19	20	16	22	2	1			
Techni- cal Complex	6	1	9	2	3	1				
	12	1	6	6	1	1	1			
	21	3	10	1		1		1		
	23	5	5	1	3	2				
	25	6	7	1	1	1				
	Sum	16	37	11	8	6	1	1		
Techni- cal Simple	3	3	6	3	3	1				
	4	1	4	5	4	1				1
	11		7	5	2	1	1			
	19	2	6	2	6					
	29		5	6	3	2				
	Sum	6	28	21	18	6	1			1

Task Type	Task no.	0	1	2	3	0 1 2	1 2	1 2 3	0 1 2 3	NR
Touch Complex	2		5	5	6					
	9	2	8	4	1	1				
	16		2	2	12					
	22	1	2	1	11			1		
	30	2	6	4	2	1	1			
	Sum	5	23	16	32	2	1	1		
Touch Simple	5				16					
	7		1	1	14					
	8				16					
	10	1	5	6	3	1				
	13		1		14		1			
	Sum	1	7	7	63	1	1			
Total	Sum	89	138	81	144	19	6	2		1

Associate degree students: Column E, their perceptions of reality

Adminis- trative Complex	14	4	7	4		1				
	17	6	8	1		1				
	20	8	7	1						
	26	3	9	2		1	1			
	27	10	6							
	Sum	31	37	8		3	1			
Adminis- trative Simple	1	4	8	3		1				
	15				16					
	18	3	8	3		1	1			
	24	5	7	2	1	1				
	28	3	9	3	1					
	Sum	15	32	11	18	3	1			

Task Type	Task no.	0	1	2	3	0	1	1	0	NR
						1	2	2	1	
						2		3	2	
Technical Complex	6	2	8	3	1	1	1			
	12		7	6	1	1	1			
	21	2	10	2		1	1			
	23	4	6	3	1	2				
	25	4	10	1		1				
	Sum	12	41	15	3	6	3			
Technical Simple	3	2	7	3	2	1	1			
	4		4	5	4	1				2
	11		8	5	1	1	1			
	19		8	3	4		1			
	29		6	7	1	2				
	Sum	2	33	23	12	5	3			2
Touch Complex	2		2	2	10				1	1
	9	1	9	3	1	1	1			
	16		2	2	12					
	22		4	2	9			1		
	30		8	6		1	1			
	Sum	1	25	15	32	2	2	1	1	1
Touch Simple	5				16					
	7	1			14			1		
	8				16					
	10		7	5	2	1			1	
	13		1		14		1			
	Sum	1	8	5	62	1	1	1	1	
Total	Sum	62	176	77	127	20	11	2	2	3



Diploma Students: Column B, their self ideal

Task Type	Task no.	0	1	2	3	1 2	1 3	1 2 3	0 1 2	0 2	NR
Adminis- trative Complex	17	4	10		1				1		
	14	4	11						1		
	20	5	10	1							
	26	4	10	2							
	27	5	10	1							
	Sum	22	51	4	1				2		
Adminis- trative Simple	1		16								
	15		6	2	8						
	18		13	2							
	24	4	8	2	1						1
	28		11	3	1			1			
	Sum	4	54	9	10			1			1
Techni- cal Complex	6		14	2							
	12	1	13	2							
	21	2	13							1	
	23		11	5							
	25	1	13	1					1		
	Sum	4	64	10					1	1	
Techni- cal Simple	6		15	1							
	4		11	4	1						
	11		14	1			1				
	19		12	2	1				1		
	29		12	3	1						
	Sum	0	64	11	3		1		1		

Task Type	Task no.	0	1	2	3	1 2	1 3	1 2 3	0 1 2	0 2	NR
Touch Complex	2		9	1	6						
	9		16								
	16		8	3	5						
	22		3	2	11						
	30	1	12	2			1				
Sum	1	48	8	22		1					
Touch Simple	5		2		14						
	7		6	2	7		1				
	8			1	15						
	10		12		3	1					
	13		2	1	13						
Sum		22	4	52	1	1					
Total	Sum	31	303	46	88	1	2	2	5	1	1

Diploma Students: Column A, their perceptions of baccalaureate degree students' ideals

Task Type	Task no.	0	1	2	3	0 2	0 1 2	NR
Adminis- trative Complex	17	9	3	2	1		1	
	14	12	3	1				
	20	14	1			1		
	26	13		3				
	27	14		2				
Sum		62	7	8	1	1	1	

Task Type	Task no.	0	1	2	3	0 2	0 1 2	NR
Adminis- trative Simple	1	10	6					
	15		5	4	7			
	18	4	9	2			1	
	24	13	1		1			1
	28	3	8	4	1			
	Sum	30	29	10	9		1	1
Techni- cal Complex	6	7	6	3				
	12	8	6	2				
	21	10	3	2		1		
	23	5	5	4	1		1	
	25	7	7	1		1		
	Sum	37	27	12	1	2	1	
Techni- cal Simple	3	6	8	2				
	4	3	8	4	1			
	11	2	11	3				
	19	4	9	2	1			
	29	3	9	3	1			
	Sum	18	45	14	3			
Touch Complex	2	1	8	3	4			
	9	8	7	1				
	16	1	8	4	3			
	22		5	2	9			
	30	8	4	3			1	
	Sum	18	32	13	16		1	

Task Type	Task no.	0	1	2	3	0 2	0 1 2	NR
Touch Simple	5		2		14			
	7	1	3	2	10			
	8				16			
	10	4	7	3	2			
	13		1	2	13			
	Sum	5	13	7	55			
Total	Sum	170	153	64	85	3	4	1

Diploma Students: Column C, their perceptions of associate degree students' ideals.

Task Type	Task no.	0	1	2	3	2 3	1 2	0 1 2	0 2	NR
Adminis- trative Complex	17	3	1	10	1		1			
	14	3	4	9						
	20	5		11						
	26	2		14						
	27	5		11						
	Sum	18	5	55	1		1			
Adminis- trative Simple	1	3	3	10						
	15		2	6	8					
	18		6	9				1		
	24	4	1	9	1					
	28		6	6	3			1		
	Sum	7	18	40	12			2		
Techni- cal Complex	6		4	12						
	12	2	5	8			1			1

Task Type	Task no.	0	1	2	3	2 3	1 2	0 1 2	0 2	NR
	21	3	3	9					1	
	23	1	4	10			1			
	25	1	4	10			1			
	Sum	7	20	29			3		1	1
Technical Simple	3		5	11						
	4	1	6	6	3					
	11		8	7		1				
	19		7	8					1	
	29		6	9	1					
	Sum	1	32	41	4	1			1	
Touch Complex	2		7	5	4					
	9		5	11						
	16		4	7	5					
	22		4	2	10					
	30		3	12	1					
	Sum		23	37	20					
Touch Simple	5			2	14					
	7		1	5	10					
	8				16					
	10		7	7	2					
	13		2	3	11					
	Sum		10	17	53					
Total	Sum	33	108	219	90	1	2	4	2	1

Diploma Students: Column D, their perceptions of practical students' ideals

Task Type	Task no.	0	1	2	3	0			NR
						1	2	3	
Administrative Complex	17	4	9	1	1		1		
	14	4	11	1					
	20	6	7	2				1	
	26	3	8	5					
	27	4	8	2	1				1
Sum		21	43	11	2		1	1	1
Administrative Simple	1		11	4	1				
	15		3	2	11				
	18		12	2	1	1			
	24	3	6	1	5				1
	28		9	4	2			1	
Sum		3	41	13	20	1		1	1
Technical Complex	6	2	11	3					
	12	2	9	3	2				
	21	3	10	1	1			1	
	23		6	4	6				
	25	1	12	1	1	1			
Sum		8	48	12	10	1		1	
Technical Simple	3	1	11	2	2				
	4	1	8	2	5				
	11		11	1	4				
	19		7	2	2				
	29		7	4	4			1	
Sum		2	44	11	22			1	

Task Type	Task no.	0	1	2	3	0	1	0	1	NR
						1	2	1	2	
Touch Complex	2	1	5		10					
	9	1	11	4						
	16		4	2	10					
	22		2	1	13					
	30	1	8	2	5					
	Sum	3	30	9	38					
Touch Simple	5		1		15					
	7		2		14					
	8		1		15					
	10		6	1	9					
	13		1		15					
	Sum		11	1	68					
Total	Sum	37	217	57	160	2	1	4	1	1

Diploma Students: Column E, their perceptions of reality

Task Type	Task no.	0	1	2	3	0	1	0	0	0	NR
						1	3	1	1	2	
Adminis- trative Complex	17	3	11		1			1			
	14	3	11	1				1			
	20	4	11							1	
	26	3	11	2							
	27	4	10	2							
	Sum	17	54	5	1			2		1	

Task Type	Task no.	0	1	2	3	0 1	1 3	0 1 2	0 1 2 3	0 2	NR
Administrative Simple	1	2	13			1					
	15		3	1	11		1				
	18		15	1							
	24	3	9	1	2						1
	28		13	2				1			
	Sum	5	53	5	13	1	1	1			1
Technical Complex	6		14	2							
	12	1	13	2							
	21		13	2				1			
	23		11	3	1			1			
	25	1	13	1				1			
	Sum	2	64	10	1			3			
Technical Simple	3		12	2	1	1					
	4		16								
	11		14	1			1				
	19		13	1	1				1		
	29		13	2				1			
	Sum		68	6	2	1	1	1	1		
Touch Complex	2		3		13						
	9		14	1			1				
	16		7	1	7		1				
	22		2		13				1		
	30		13	2			1				
	Sum		39	4	33		3		1		



Task Type	Task no.	0	1	2	3	0 1	1 3	0 1 2	0 1 2 3	0 2	NR
Touch Simple	5				15		1				
	7		2		13		1				
	8				15		1				
	10		10		5		1				
	13		2		15		1				
	Sum		14		63		5				
Total	Sum	24	292	30	111	7	5	7	2	1	1

AN ABSTRACT OF THE THESIS OF

Marilyn Dinehart Lanspa

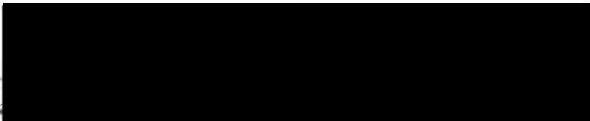
for the Master of Science in Nursing

Date of receiving this degree:

June 8, 1967

Title: A Study of the Perceptions Fifty-Seven  
Senior Student Nurses Hold of the  
Inter-relationships Important to Commitment  
to Nursing in an Existentialist Philosophy

Approved:

  
Lucille Gregerson, Associate Professor in Charge  
of Thesis

## THE PROBLEM

Vaillet states commitment to nursing should be a goal of nursing education and as a philosophy of commitment she proposes the application of existentialist principles. One of these principles is the importance of the person's situation in life, for it is within this he must become committed. Thus, to understand what commitment involves for the student, to create an environment favorable to commitment in the educand, the educator must first understand the students' situation in the world. For the student nurse, this is existence-in-a-professional world, and an important part of it is her Mitwelt or the world shared with others. The Mitwelt or shared world of the nurse is constituted by the web of inter-relationships which tie her to her co-workers and by her perceptions of their relationships with her and with one another.

The purpose of this study was to explore the perceptions senior students in the four types of nursing schools have of the inter-relationships existing between the four types of nurses composing the professional world of nursing which will soon become their situation in life as graduate nurses. It was proposed that this could be done by identifying the patterns of identifications and distances existing among the students by eliciting and comparing each type of student's ideals, the ideals they attributed to each other and the ideals they were attributed by the others.

## DESCRIPTION OF THE PROCEDURE

The questionnaire Vaillet developed for her study, Commitment to Nursing: a philosophic investigation, was used. The questionnaire consisted of two sets of scales designed to measure the student's

professional orientation. The sources of data for this study were senior students within two months of graduation in one school of each type: baccalaureate degree, associate degree, diploma, and practical nurse. The questionnaires with answer sheets were sent to the Directors of Nursing, who distributed them to the students. Inadequate responses from the practical nurse students necessitated their omission from the study. The data were tabulated and analyzed and the findings reported.

#### SUMMARY OF FINDINGS

The findings were as follows:

1. Baccalaureate degree students are highly professional in their orientation and maintain professional distances with the other three types of students and with reality which in their opinion are all too traditionally oriented.

2. Baccalaureate degree students believe a professional identification exists between the diploma and associate degree students and that their orientation agrees with reality.

3. Baccalaureate degree students believe practical nurses are traditional in their orientation and maintain a professional distance with everyone else and with reality.

4. Although the baccalaureate degree students are professionally oriented, they claim no specific tasks, in reality do not see themselves as performing a large number and do not feel graduates of any of the other types of schools would want them to perform a large number of any tasks.

5. Diploma students are moderately traditional in orientation and maintain professional distances with the other three types of

students but they are in agreement with reality. Diploma students view baccalaureate students and associate degree students as too professional in orientation and practical nurses as too traditional, in relation to their own ideals.

6. Diploma students believe an identification exists between baccalaureate degree students and associate degree students and a professional distance exists between practical nurses and all others and between all groups and reality.

7. Associate degree students' ideals are moderately professional in orientation but they maintain a professional distance with baccalaureate degree students who they believe are too professionally oriented. The associate degree students identify with the ideals they attribute diploma students but visualize a professional distance between themselves and reality even though they believe the diploma students identify with it.

8. Associate degree students believe the baccalaureate degree students and practical nurse students identify with no one and the diploma students only with them and reality.

9. Baccalaureate degree students and associate degree students' professional ideals agreed closely with those the other students attributed to them on the professionalization scales. Diploma students were attributed a significantly more professional ideal by associate degree students than they actually held.

10. No one group of students claimed any specific task types as exclusively their own.

11. All three groups would assign the majority of the touch tasks

to practical nurses.

12. Baccalaureate degree students and associate degree students see reality as diploma graduate oriented with them performing the majority of tasks. This agrees with the diploma students' own perception of reality.

### CONCLUSIONS

On the basis of the findings of the study the following conclusions have been made. However, as the number of participants in this study was small the findings can be interpreted only as applying to this study.

1. There were identifiable differences in the students' professional orientations.

2. Although there were differences in the three groups of students' professional orientations, these differences were not reflected in their conception of the tasks which compose their respective worlds. No one group claimed any tasks as their own and there was no hierarchy of tasks with respect to the four types of nurses.

3. The baccalaureate degree and associate degree students' professional ideals are in conflict with their perceptions of the current situation in nursing. The diploma students' ideals are in agreement with all three types of students' perceptions of the actual status of nursing.

4. Commitment to nursing for the baccalaureate degree students must be achieved in a world which is not as professional as they think it ought to be and where they are confused as to their role.

5. The professional world in which the diploma students must

become committed is a world with which they are satisfied, a world in which they see themselves functioning. However, the diploma student's conception of nursing does not define differences between her role and those of the nurse with a baccalaureate or an associate degree, both of whom may represent a threat to her existence.

6. Commitment for the associate degree students must be in a professional world where their perceptions of reality contrast sharply with their ideals. They view themselves as standing alone in the real world, claiming they perform very few of the tasks and believing none of the other types of nurses prefer them for any tasks.

#### RECOMMENDATIONS FOR FURTHER STUDY

On the basis of the findings of the study and the conclusions, the following recommendations were made.

1. A study be done to explore further the baccalaureate degree students' professional world with the purpose of understanding what they view their functions to be.

2. A study be done of the practical nurses' world with the purpose of identifying their orientation and their perceptions of their role in nursing.

3. An open or unstructured study be done of the four types of students with the purpose of identifying what they believe their own role to be with its tasks and what they think each other's should be.

4. A similar study be done comparing graduate nurses who have been employed some time.

5. A similar study be done of the faculty in each of the four

types of nursing schools with the purpose of comparing their professional orientation and identifying differences in the roles for which they believe they are preparing their students.

6. A study be done of physicians with the purpose of eliciting their opinions of what nursing should be and their beliefs in regard to the educational preparation basic to performing nursing tasks.